DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

STAN STEPHENS
GOVERNOR

JULIA E. ROBINSON
DIRECTOR

STATE OF MONTANA

P.O. BOX 4210
HELENA, MONTANA 59604-4210

September 1, 1992

To: All Interested Parties

From: Jan Spiegle

Subject: Montana's Fifth Year Application for Federal Part H (Infant and Toddler) Funding

Enclosed please find a draft copy of Montana's Application for funding under Part H of the Individuals with Disabilities Education Act. The application is sent for your review and comment, as Montana is now in the 60-day period during which comments about the application may be made to the Developmental Disabilities Division.

The fifth year application is very similar to the fourth year proposal through which the Division received funding for Montana's current services for infants and toddlers. Notable differences include the addition of several categories of service delivery which Part H is now able to support. Those categories include assistive technology, vision services, and orientation and mobility training. Additionally, the application is responsive to several new changes in Part H Federal legislation which broaden the state's outreach efforts to Native American families with children with disabilities. The application also address the need for procedures to ensure a smooth transition for children and families moving from Part H services to preschool services.

Please send your written comments on the application to me at the above address. The Division will incorporate all comments received into the final federal application, and provide a response to each of them. The Division is able to accept comment on the application until October 15, 1992.

In addition to the opportunity to make written comment on the drafted application, two public hearings will be held regarding the application. Times, dates, and locations for those hearings are listed below. All interested parties are invited to attend one of the hearing proceedings.

Public Hearings on Montana's fifth year application for federal funding for Part H of the Individuals with Disabilities Education Act will be held **Thursday, September 17, in the Social and Rehabilitation Services Auditorium, 111 Sanders, Helena, Montana, at 7 PM and Wednesday, September 30, in the Board Room of the Lincoln Education Center, 415 North 30th Street, Billings, Montana, at 9 AM.**

Please feel free to contact me at the Developmental Disabilities Division, 444-2995, if you have any questions about the state's fifth year application.

MONTANA'S FIFTH YEAR STATE PLAN

AND

ANNUAL STATE APPLICATION UNDER PART H

OF THE

INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

Submitted by:

The Montana Department of Social and Rehabilitation Services
Developmental Disabilities Division
PO Box 4210
Helena, Montana 59604
(406) 444-2995

November 1992

OMB Form No. 1820-0550
Expires - 9/30/92

ANNUAL STATE APPLICATION UNDER PART H OF THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT

(FORMERLY THE EDUCATION OF THE HANDICAPPED ACT)

ED Form No. 1 B20-26P

DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION PROGRAMS
WASHINGTON, D.C. 20202-2732

Glossary of Terms and Acronyms Used Throughout the Year Five Application

1.	ARM	-	Administrative Rules of Montana
2.	CCFS	-	Comprehensive Child Find System
3.	CFSP	-	Child and Family Service Provider
4.	CSPD-B	-	Comprehensive System of Personnel Development -Part B
5.	CSPD-H	-	Comprehensive System of Personnel Development -Part H
6.	CSPDs	-	Comprehensive Systems of Personnel Development
7.	DCHS	-	Department of Corrections and Human Services
8.	DDD	-	Developmental Disabilities Division
9.	DDPAC	-	Developmental Disabilities Planning and Advisory Council
10.	DFS	-	Department of Family Services
11.	DHES	-	Department of Health and Environmental Sciences
12.	EIOC	-	Early Intervention Oversight Committee
13.	EIS	-	Early Intervention Specialty Program
14.	FAPE	-	Free Appropriate Public Education
15.	FERPA	-	Family Education Rights and Privacy Act
16.	FSS	-	Family Support Specialist
17.	FSSA	-	Family Support Specialist Assistant
18.	FSSAC	-	Family Support Services Advisory Council
19.	FSSIN	-	Family Support Services Information Network
20.	ICC	-	Interagency Coordinating Council
21.	IDEA	-	Individuals With Disabilities Education Act
22.	IEP	-	Individual Education Plan
23.	IFSP	-	Individual Family Service Plan
24.	IFSPs	-	Individual Family Service Plans
25.	ITTAP	-	Individualized Training and Technical Assistance Project
26.	LEA	-	Local Education Agency
27.	LEAs	-	Local Education Agencies
28.	MCA	-	Montana Codes Annotated

29.	MUARID	-	Montana University Affiliated Rural Institute on Disabilities
30.	OPI	-	Office of Public Instruction
31.	PLUK	-	Parents Let's Unite For Kids
32.	SRS	-	Department of Social and Rehabilitation Services
33.	SSA	-	Social Security Act
34.	TRIC	-	Training Resource and Information Center

ANNUAL STATE APPLICATION UNDER PART H FOR FFY 1992 FUNDS

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SUBMISSION STATEMENT, ASSURANCES, & CERTIFICATIONS

A. Submission Statement

I, the undersigned authorized official of the _____ _____(Name of State and official name of State agency), have been designated by the Governor of this State to submit this application for year five funds under Part H of the Individuals with Disabilities Education Act (IDEA) (formerly the Education of the Handicapped Act).

I certify that the State of _____ will operate its Part H Program in accordance with the assurances required by the regulations. I also certify that the requirements stated in 34 CFR 76.104 of the Education Department General Administrative Regulations (EDGAR) have also been met.

_____ _____

Signature of Authorized Official Date

_____

Typed Name

_____

Title

B. Required Assurances

The State of _____ makes the following assurances and provisions as required by Part H of the Individuals with Disabilities Education Act:

1. Funds received under Part H will be used by the State to plan, develop, and implement the statewide system of early intervention services. (§§303.3 & 303.127)

2. The State will: (a) provide reports containing information that the Secretary may require, and (b) keep records and afford access to those records as the Secretary may find necessary to assure the correctness and verification of reports and proper disbursement of funds provided under Part H. (§303.121)

3. The control of Federal funds provided under Part H, and title to property acquired with those funds, is in a public agency for the uses and purposes provided by Part H, and a public agency administers the funds and property. (§303.122)

4. Federal funds made available under Part H will not be commingled with State funds. (§303.123)

5. Federal funds made available under Part H will be used to supplement and increase the level of State and local funds expended for infants and toddlers with disabilities and their families and in no case to supplant such State and local funds. (§303.124)

6. Fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under Part H. (§303.125)

7. The State will not use its Part H funds to satisfy a financial commitment for services that would have been paid for from another public or private source but for the enactment of Part H -- except that whenever considered necessary to prevent a delay in the timely provision of services to an eligible child or family, the Part H funds may be used to pay the provider of services, pending reimbursement from the agency that has the ultimate responsibility for the payment. (§§303.527(a) and (b))

8. The State will not construe anything in Part H to reduce medical or other assistance available or to alter eligibility under Title V of the Social Security Act (SSA) (relating to Maternal and Child Health) or Title XIX of the SSA (relating to Medicaid eligible children under Part H) within the State. (§§303.126 and 303.527(c))

9. The statewide system of early intervention services is in effect. (§303.152(a)(2))

C. Certifications Required by EDGAR

In accordance with 34 CFR 76.104 the lead agency of the State of _____ assures:

1. That the application is submitted by the State agency that is eligible to submit the application.

2. That the State agency has authority under State law to perform the functions of the State under the program.

3. That the State legally may carry out each provision of the application.

4. That all provisions of the application are consistent with State law.

5. That a State officer, specified by title in the certification, has authority under State law to receive, hold, and disburse Federal funds made available under the application.

6. That the State officer who submits this application, specified by title in the certification, has authority to submit the application.

7. That the agency that submits the application has adopted or otherwise formally approved the application.

8. That the application is the basis for State operation and administration of the program.

D. Information Required under Executive Order 12372

I certify that the application for Part H of the Individuals with Disabilities Education Act for the State of _____ _____ was submitted to the State's "single point of contact" under Executive Order 12372 on _____.
Month/Day/Year

_____ _____

Signature of Authorized Official Date

_____

Typed Name

_____

Title

CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 34 CFR Part 82, "New Restrictions on Lobbying," and 34 CFR Part 85, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Education determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 34 CFR Part 82, for persons entering into a grant or cooperative agreement over $100,000, as defined at 34 CFR Part 82, Sections 82.105 and 82.110, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

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2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

As required by Executive Order 12549, Debarment and Suspension, and implemented at 34 CFR Part 85, for prospective participants in primary covered transactions, as defined at 34 CFR Part 85, Sections 85.105 and 85.110 –

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

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3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610 –

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about–

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will–

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director, Grants and Contracts Service, U.S. Department of Education, 400 Maryland Avenue, S.W. (Room 3124, GSA Regional Office

Building No. 3), Washington, DC 20202-4571. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted–

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

_____

_____

_____

Check ☐ if there are workplaces on file that are not identified here.

DRUG-FREE WORKPLACE
(GRANTEES WHO ARE INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610 –

A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Director, Grants and Contracts Service, U.S. Department of Education, 400 Maryland Avenue, S.W. (Room 3124, GSA Regional Office Building No. 3), Washington, DC 20202-4571. Notice shall include the identification number(s) of each affected grant.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

NAME OF APPLICANT	PR/AWARD NUMBER AND/OR PROJECT NAME
PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
SIGNATURE	DATE

OMB Approval No. 0348-0040

ASSURANCES — NON-CONSTRUCTION PROGRAMS

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C.§§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. §§ 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally assisted construction subagreements.

Standard Form 424B (4-88)
Prescribed by OMB Circular A-102

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program andto purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§ 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. § 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

SECTION II - GENERAL APPLICATION REQUIREMENTS

A. Definitions

The State of Montana has adopted the definitions in 303.5 through 303.24 of the federal Part H regulations for use in implementing the State's early intervention and family support program. Note that references to Part H rules and regulations -- 34 CFR Part 303 will be only numbers. Definitions can be found in Appendix A of the application.

B. Lead Agency - The Developmental Disabilities Division (DDD) of the Department of Social and Rehabilitation Services has been designated by the Governor of Montana as the lead agency with a single line of responsibility for purposes of administering the Part H Infant and Toddler Program, and to be the entity responsible for assigning financial responsibility among appropriate agencies. The DDD is responsible for the administration of funds provided under Part H. Appendix B contains a copy of the governor's letter designating the DDD as the lead agency. The DDD assures that all new requirements created by PL 102-119 are addressed in this application and are currently in effect throughout the statewide system of early intervention services.

The Developmental Disabilities Division currently contracts with locally controlled, private not-for-profit corporations to provide community-based services to approximately 3,000 children and adults who have developmental disabilities. Part H early intervention and family support services are provided to 322 infants and toddlers with disabilities and their families through programs operated by seven Child and Family Service Provider (CFSP) agencies across the state. These 322 children represent .935% of the 34,442 birth to 36-month-old children residing in Montana.

C. State Interagency Coordinating Council - The Governor of Montana has appointed the following individuals to serve as members of Montana's Interagency Coordinating Council (ICC), as required by Part H of the IDEA.

	NAME	LOCATION	CATEGORY
1.	Beth Kenny	Helena	Parent
2.	Jeanette McCormick	Choteau	Parent

3.	Margaret Grogan	Great Falls	Parent
4.	Maria Pease	Lodge Grass	Parent (minority representative)
5.	Linda Botten, O.T.R.	Bozeman	Provider
6.	Sylvia Danforth	Miles City	Provider
7.	Sandi Marisdotter	Helena	Provider
8.	Cris Volinkaty	Director	Provider
9.	Senator Ethel Harding	Polson	Legislator
10.	Sue Forest Ph.D.	Missoula	Personnel Preparation
11.	Judy Wright (Chair)	Helena	Agency, (Health Department)
12.	Dan McCarthy	Helena	Agency, (Office of Public Instruction)
13.	Pete Surdock Jr., ACSW	Helena	Agency, (Mental Health)
14.	Nita Freeman	Helena	Agency, (SRS, lead agency representative)
15.	Becky Fleming	Helena	Agency, (Department of Family Services)
16.	John Bandy	Helena	Agency, (State Auditor, Commissioner of Insurance)
17.	Ted Maloney	Missoula	Other, (Rural Institute, UAP)

Montana's ICC, also known as the Family Support Services Advisory Council (FSSAC), has membership consistent with the composition requirements under 303.601. Four parent members, including a Native American parent representative, have children 12 year of age or younger with disabilities, and have knowledge and experience with programs for infants and

toddlers with disabilities. Three parents have children with disabilities 6 years of age or under.

Each state agency providing or paying for services, including the Office of Public Instruction (SEA), is represented on the council, and state agency representatives to the council have sufficient authority to do policy planning/implementation on behalf of the agency they represent.

Appendix C contains evidence and information demonstrating the state's compliance with the requirements of 303.600 through 303.654, including a copy of the Executive Order establishing Montana's ICC and subsequent executive orders continuing and reappointing the council, a copy of the Family Support Services Advisory Council's By-Laws, and copies of meeting announcements, agendas and minutes from the previous year's council meetings.

The council has been divided into personnel development and standards, service implementation, and administration and legislative issues subcommittees. The full council meets quarterly with subcommittee meetings scheduled in addition to the quarterly meetings. The council serves as the focal point for interagency coordination and has worked toward the refinement of formal interagency agreements to ensure coordinated community services at both the state and local level.

The FSSAC provides advice and assistance to the lead agency on its plan to continue to implement and refine a statewide system of early intervention and family support services for children with disabilities, birth through age five, and their families. The council also assists the DDD in achieving the full participation, coordination, and cooperation of all appropriate agencies in the state. The council's assistance includes seeking information from service providers, service coordinators, parents and others about any federal, state, or local policies that impede timely service delivery, and taking such steps as are necessary to ensure that such problems are resolved. To the extent appropriate, the FSSAC assists the lead agency in resolution of disputes.

Additionally, the council advises and assists the Office of Public Instuction (Montana's SEA) regarding appropriate services for children ages 0-5 inclusive and regarding the transition of toddlers with disabilities to services under Part B to the extent such services are appropriate.

The Family Support Services Advisory Council strives to identify sources of financial and other support for early intervention services, to assign monetary responsibility to the appropriate agencies, and to promote interagency

agreements under 303.523.

The council prepares and submits an annual report to the Governor and to the Secretary consistent with the information required by the Secretary on the status of early intervention systems operated in the state of Montana. Each annual report is submitted to the Secretary on the dates established by the Secretary.

D. Description of Use of Funds - Of Montana's total allocation of $855,556 under year five participation, the following are the projected costs for program administration, planning, development, and implementation activities, and for direct services to infants and toddlers with disabilities and their families to FFY 92 Part H funds.

1. Administration - The Developmental Disabilities Division intends to continue the services of one full-time employee to manage the Part H-funded early intervention program in Montana. Appendix D contains a copy of the job description for this position. The costs associated with this position will be borne entirely by Part H funds and are expected to be as follows:

PART H COORDINATOR:		
Salary	-	$26,414
Benefits	-	3,939
Insurance	-	2,280
Travel, Supplies, Rent, Etc.	-	7,000
TOTAL		**$39,633**

In addition to one full-time Part H Coordinator for the State of Montana, other staff of the Developmental Disabilities Division are allocated to spend a portion of their time assisting in the administration and implementation of Part H activities. These personnel include the Part H Coordinator's supervisor (Section Head), the Chief of the Management Operations Bureau of DDD, an administrative assistant, and a secretary. Appendix D contains job descriptions for each of these positions. Percentage costs associated with these positions will be borne by Part H funds and are expected to be as follows:

SECTION HEAD:		
Salary (25%)	-	$8,445
Benefits (25%)	-	1,266
Insurance (25%)	-	570
TOTAL		**$10,281**

MANAGEMENT OPERATIONS BUREAU CHIEF:		
Salary (11%)	-	$4,180
Benefits (11%)	-	627
Insurance (11%)	-	251
TOTAL		**$5,058**

ADMINISTRATIVE ASSISTANT:		
Salary (11%)	-	$2,353
Benefits (11%)	-	353
Insurance (11%)	-	251
TOTAL		**$2,957**

SECRETARY:		
Salary (11%)	-	$1,669
Benefits (11%)	-	250
Insurance (11%)	-	251
TOTAL		**$2,170**

The following additional administrative expenses to Part H are projected for the Interagency Coordinating Council:

Travel/Honoraria	-	$ 6,000
Communications	-	100
Supplies, Dues, etc.	-	500
TOTAL	-	**$ 6,600**

Total projected cost to Part H for administration is $66,699.

2. Planning, Development, and Implementation Activities

Major activities projected to be carried out through Part H funds for development and implementation of the statewide system of early intervention services include:

a. Continue to implement and refine the statewide system of early intervention and family support services established by the beginning of state's fourth year of participation; and

b. Identify specific activities that must be carried out to maintain the state's compliance with the requirements of the federal legislation. Projected activities include:

(1) Continue the operation of Montana's central directory of services, the Family Support Services Information Network (FSSIN), through the continuation of a purchase of service contract with Parents Let's Unite for Kids, a statewide coalition of parents of children with disabilities and chronic health problems. The directory was established in 1989 to provide information and maintain an automated database of local, regional, and statewide clinical, educational, and family support resources available to parents of young children with disabilities, birth to six years of age. The database includes statewide services for all disabilities and is available to families, professionals, service providers, and the general public.

Projected cost to Part H for the continued operation of Montana's central directory of services is **$33,203;**

(2) Continue the Individualized Training and Technical Assistance Project (ITTAP) to Montana's seven Child and Family Service Provider (CFSP) agencies. The ITTAP is an extended assistance project designed by the Montana University Affiliated Rural Institute on Disabilities in response to a request for proposals issued by the lead agency to assist the CFSP agencies to meet all program and administrative requirements of Part H. ITTAP will continue through June of 1993.

Projected cost to Part H for continued training and technical assistance to the seven Child and Family Service Provider agencies is **$57,595;**

Total projected cost to Part H for contracted planning, development, and implementation activities is **$90,798**.

3. Direct Services - The State of Montana intends to use a significant amount of its FFY 92 Part H allocation to continue funding the direct service slots that have been added to the state's service system, with the greatest emphasis placed on Family Training and Support Services (see Preamble of Section III for a complete description of services provided). These additional service slots were not otherwise provided for with other public or private resources and served to expand and improve on services that were otherwise available in Montana. Services are being provided through contracts with private not-for-profit vendors. Contracts were awarded on a competitive basis, in response to requests for proposals issued by the lead agency for each of the five different geographic and administrative regions of the state (see Appendix E) as defined by State Law.

Projected costs to Part H for contracted Family Training and Support Services are as follows:

Provider Organization/# Families Served	Part H Funds
Comprehensive Development Center (32)	$107,008
Developmental Educational Assistance Program (26)	86,107
Family Outreach (38)	127,072
Hi-Line Home Programs (22)	73,568
Quality Life Concepts (30) (formerly Region II Child and Family Services)	100,320
Special Training for Exceptional People (28)	93,632
Early Childhood Intervention (33)	110,352

Total projected cost to Part H for contracted direct services is **$698,059.**

4. Activities by Other Agencies - Other agencies will not receive Part H funds from the lead agency or the council.

FFY 92 BUDGET SUMMARY

ADMINISTRATION			
Lead Agency:			
Salaries	-	$43,061	
Benefits	-	6,435	
Insurance	-	3,603	
Travel, Supplies, Rents, Etc.	-	7,000	
TOTAL			60,099
Interagency Coordinating Council:			
Travel/Honoraria	-	$ 6,000	
Communications	-	100	
Supplies, Dues, etc.	-	500	
TOTAL			6,600
TOTAL ADMINISTRATION			**$ 66,699**
PLANNING, DEVELOPMENT, AND IMPLEMENTATION			
Central Directory Contract	-	$33,203	
ITTAP Contract	-	57,595	
TOTAL PLANNING, DEVELOPMENT AND IMPLEMENTATION			**$ 90,798**
CONTRACTED DIRECT SERVICES			
Comprehensive Development Center	-	$107,008	
D.E.A.P.	-	86,107	
Family Outreach	-	127,072	
Hi-Line Home Programs	-	73,568	
Quality Life Concepts	-	100,320	
S.T.E.P.	-	93,632	
Early Childhood Intervention	-	110,352	
TOTAL DIRECT SERVICES			$ 698,059
TOTAL BUDGET			**$ 855,556**

E. Public Participation - The Developmental Disabilities Division of the Department of Social and Rehabilitation Services will conduct two public hearings to receive comments regarding Montana's application for FFY-92 funds from the United States Department of Education under Part H of the Individuals with Disabilities Education Act. The first public hearing will occur on September 17, 1992, at 7:00 pm in the SRS Auditorium at 111 Sanders, in Helena, Montana. The second public hearing will occur on September 30, 1992 at 9:00 am in the Board Room of the Lincoln Education Center, 415 North 30th Street, Billings, Montana. The public hearings will be held following the widespread distribution of the application. Over 200 copies of the state's application were sent to interested persons around the state within the sixty-day period (September 1 through October 30, 1992) allowed for review and public comment. A copy of the public notice which appeared in newspapers across the state and copies of letters sent to members of Montana's ICC and other interested constituent groups informing them of the application process and the public hearings are included in Appendix F of the application.

F. Equitable Distribution of Resources - Each of Montana's five legislatively established geographic planning regions (see Appendix E) currently has at least one provider of Part H early intervention services. In order to ensure an equitable distribution of resources, a request for proposals is issued for each region every two years, and one or more providers from each region are selected to deliver services. The actual level of services available in each region becomes a product of the number of eligible individuals identified in each region, their service needs, and the total amount of funds available.

The DDD contracts with individual CFSP agencies on a biannual basis to deliver the Part H services the state's infants and toddlers require. The contracts designate a number of individuals to be served as well as a total amount of funds available. Actual reimbursement is for allowable costs up to a maximum dollar amount specified in the contract. The contract not only defines financial requirements, but the performance levels which must be attained. To account for changes in service need across all geographic regions of the state, a provision has been incorporated into contracts with individual provider agencies that triggers expansion of both the number of individuals to be served and the total amount of funds available for Part H services when increased numbers of eligible children and families are located, identified and served by the provider.

G. Adoption of Policy on Statewide System - The Developmental Disabilities Division of the Department of Social and Rehabilitation Services has adopted a policy to plan, develop, and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families. The state's policy incorporates all of the components of a statewide system of early intervention services as required in section 676 of the Individuals with Disabilities Education Act as Amended. The Developmental Disabilities Division further assures that the statewide system has met all requirements created by PL 102-119 by 7/1/92. Appendix G contains a copy of a letter from the Director of the Department of Social and Rehabilitation Services outlining Montana's policy commitment to continued implementation and expansion of Part H.

H. Transition to Preschool Programs - Consistent with federal regulations, The Developmental Disabilities Division of Social and Rehabilitative Services and the Office of Public Instruction have developed, adopted, and implemented policies and procedures to ensure smooth transitions for children served under Part H who are eligible for preschool under Part B:

Inclusion of Families - In Montana, families are included in transition plans through multiple mechanisms. Families are partners in the development of IFSPs which document steps to be taken to support the transition of their child to preschool services. Discussions of transition strategies and complications, information regarding future placements, and steps to help their child adjust to, and function in, a new setting, are provided. Families are encouraged and assisted to identify their priorities, concerns, and goals as they relate to transition. Visits to potential sites of Part B service delivery are encouraged and facilitated. Families are encouraged to be an integral part of the team which develops a transition plan for their child, and are invited and assisted to share their perceptions, priorities, and concerns about their child's transition with the transition team. Ongoing communication among families, Part H providers, and new Part B providers is established to facilitate necessary adjustments and assist in tracking the progress of the transition process.

Notification of LEAs - The Developmental Disabilities Division in Montana, through the seven CFSP agencies, notifies appropriate LEAs or IEUs in which Part H children reside. Written notification takes place by March 31st of each calendar year, and includes projected numbers of potentially eligible Part B children who will turn three years of age

during the next calendar year.

Establishment of Transition Plan - With family approval, the DDD, through Montana's seven CFSP agencies, convenes a transition planning conference among Part H staff, the family, and the LEA/IEU, at least 90 days prior to the child's eligibility under Part B. The purpose of this transition planning conference is to review the child's program options for the period from his/her third birthday through the beginning of the next school year. Based on the options for Part B service delivery available to each child, family-identified priority outcomes, and the recommendations of team members, participants in the transition planning conference establish an individual transition plan for the child.

Note: The Montana State Developmental Disabilities Division and the Office of Public Instruction recognize that children who are leaving Part H services, but who are not eligible for Part B services, may also benefit greatly from the implementation of transitioning planning. Assurance is given that to the greatest extent possible, these children and their families are given the opportunity to utilize the transition planning system as it applies in their individual circumstances.

Interagency Agreement - The DDD and OPI have entered into a formalized Interagency Agreement on Part H/Part B Transition for the State of Montana (Appendix U) which details:

1) the financial responsibilities of the two agencies;

2) the responsibility for performing evaluation of children;

3) the development and implementation of IFSP's which include the steps to be taken to support the transition of children upon reaching age three to preschool services under Part B;

4) the coordination of communication between agencies and families; and

5) mechanisms to ensure the uninterrupted provision of appropriate services, facilitating a "seamless" system of service delivery for young children with disabilites and their families in Montana.

I. Annual Performance Report

Assurance is given that the state of Montana submitted an Annual Performance Report to the Secretary on February 4, 1992.

J. Annual Data Collection Report

Assurance is given that the DDD submitted an Annual Data Collection Report as required under section 676(b)(14) of the IDEA on January 23, 1992.

SECTION III. REQUIREMENTS RELATED TO COMPONENTS OF A STATEWIDE SYSTEM

PREAMBLE

Montana has successfully provided a variety of early intervention and family support services for children with disabilities and their families since 1975. During this period the state's service delivery system has undergone improvements and change and has evolved into a system that is primarily home based, family centered, and designed to meet the unique circumstances found within our state (i.e., small, dispersed population with few population centers, vast distances between centers, and a limited number of professional staff available).

There are currently 322 families with children ages birth through two, receiving Part H services from seven independent provider agencies across the state. Montana also provides evaluation and diagnostic services through three centers located in Missoula, Billings, and Miles City. All services have been provided with a great deal of consumer satisfaction and have demonstrated success in preventing institutionalization of Montana's children. Current Montana statistics indicate zero children ages birth through two and five children ages three through 18 reside in state Intermediate Care Facilities for the Mentally Retarded. It is around this existing system that the State of Montana is building its comprehensive statewide system of early intervention services for infants and toddlers with disabilities and their families which includes the fourteen major components of a statewide system as required by Part H of the Individuals with Disabilities Education Act.

To facilitate a better understanding of Montana's current service delivery model, the following description of some of the unique aspects of our system of early intervention is provided. This description is meant to be an overview of the system, highlighting several key service components including: home-based service delivery system; family education and support service; individual family service plan; and the role of the family support specialist.

Home Based Service Delivery System

In Montana, early intervention services are provided in the parent's home whenever possible. The DDD has long believed that an infant's or toddler's home is the most "normal" and least restrictive setting for program delivery. The home-based model provides easy access to services for families seeking assistance.

Because of the nature of our state, many families would find it difficult to travel to center-based programs. Travel time (or distance) is often great, public transportation is frequently unavailable or inaccessible, inclement weather makes driving dangerous at times, and/or the child's condition (i.e., health problems) may make the need for travel both difficult and undesirable.

Providing services in the home allows support and education of the child to occur in the larger context of the family. Parents, as well as other family members, can learn strategies for working with the child in the natural surroundings of the home and normal routine of the family that enhance parent-infant, sibling-infant interactions.

Montana's philosophy is to provide services as close to the infant's or toddler's home as possible. These services are designed to help family members become independent in raising their children. Montana's goal has been, to the extent possible, to teach parents to become the primary change agents for their children.

Family Education and Support Service

In Montana, early intervention services have been designed to maximize family competency and minimize family dependency on service agencies. Parents are given the opportunity to judge the importance (priority) of objectives, the acceptability of methods to reach their objectives, and the significance of outcomes. The system recognizes and respects the variety of "family roles" families may choose to play in addressing early intervention services for themselves and their children. Some families may have a difficult time making decisions regarding services for their child or in actively seeking services, while other families may want to act as a support coordinator for their child. Family education and support service is the cornerstone of Montana's service delivery network designed to meet the diverse individual concerns (needs) of families. Family education and support service includes: (1) child-focused and family-focused training; (2) direct child training (3) family support; (4) family service coordination; and (5) information and referral.

(1) Family education includes child-focused and family-focused training. Child-focused training includes development and monitoring of training programs that the family will implement with their child in the natural setting of their home and within the normal context of their daily routine. Family-focused training includes teaching family members the skills they must possess to become the primary change agent and/or support coordinator for their child. The training areas for the family include behavior management, developmental disabilities, advocacy, normalization, and legal rights.

(2) Direct child training consists of direct "hands-on" training provided to the child by the family support specialist. This kind of training is for extraordinary situations where the family support specialist implements and monitors the program.

(3) Family support includes services to assist the family to develop in areas that are beneficial to the child with a disability and the family as a whole. Several of these services are providing: equipment, evaluations, and therapy; toys, books, and/or equipment from the loan library; social emotional support; general education information; information regarding available resources and making referrals to appropriate agencies; and follow-along services.

(4) Family support coordination (service coordination/case management) assists the family in obtaining quality services through the service delivery system and facilitates communication between agencies providing service to the family. The family support specialist assumes an active role as service coordinator and family advocate in accessing services and provides training to the parents to enable them to assume the role of support coordinator and, if desired, to access services on their own.

(5) Information and referral includes informing families regarding the early intervention program's services, services through other agencies, and assisting families in obtaining services.

Individual Family Service Plan

The focus of planning for services is the development of the Individual Family Service Plan (IFSP). Montana has used an IFSP system for provision of early intervention services since 1977. The IFSP is developed at a meeting, usually conducted at the family's home, following the initial assessment by the family support specialist. In Montana, it is not always possible to have all the trained professionals who provide services or complete evaluations attend each IFSP meeting. This is in part due to the long distances in travel and the large case loads of the professional staff. All the individuals involved with the family have previously discussed the results of their evaluations and/or status of the services provided with both the family and family support specialist and therefore, their actual presence at the meeting is not always essential. Under these circumstances, the IFSP is put together by integrating the evaluation information provided by the professional disciplines involved with the priority outcomes identified by the family.

At a minimum, the IFSP team must consist of the family support specialist, the parent, and one professional involved in the evaluation and assessment process and/or service delivery, with input and communication from other trained professionals. Although

the above situation may occur more frequently in the more remote areas of our state, many IFSP meetings are conducted with full participation from all professionals who conduct assessments and provide direct services to infants and toddlers. As our program evolves, the DDD is committed to implementing alternative methods to ensure the input of information and communication among the whole team (e.g., the use of conference telephone calls to bring all members of the IFSP together).

Role of the Family Support Specialist

The home-based process of family training and support services previously described relies heavily on family support specialists and the generalist skills they possess, which allow them to successfully interact and provide active support to families.

The family support specialist is the main point of contact with the family. They compile social histories, gather family information, perform child oriented assessments, and act as advocates and support coordinators for the child and the family. They administer developmental/adaptive behavior assessments, integrate assessment results, conduct behavioral evaluations, and participate in program planning as a member of the IFSP team. These activities are of a high quality and are conducted by a diverse array of staff with varying educational and experiential backgrounds (e.g., B.A. or Master's Degree in Psychology, Early Childhood, Social Work, Special Education, etc.).

Although they come from different backgrounds and possess a variety of individual skills, the family support specialists also receive training from the provider organizations for which they work. While the quality of this training is good, Montana continues its commitment to establishing uniform competency-based certification standards and procedures across the state that will improve these skills even further.

The service delivery model described above was designed to meet the unique circumstances found within our state. It continues to be a needs-driven system, dynamic and responsive to the variables which shape the lives of families in Montana. The state continues to experience success in using this model, and it is around the key service components described above that we are refining Montana's statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services which meets the requirements of Part H.

1. ELIGIBILITY

1.1 State Definition of Developmental Delay

Children from birth through age two, inclusive, are eligible for early intervention and family support services under Part H of the Individuals with Disabilities Education Act if they:

(a) Have a diagnosed (i.e., established) physical or mental condition that has a high probability of resulting in developmental delay (e.g., sensory impairments, inborn errors of metabolism, microcephaly, fetal alcohol syndrome, epilepsy, Down syndrome, or chromosomal abnormalities), even though the delay may not exist at the time of diagnosis; or

(b) Are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the following areas:

1. Cognitive development;

2. Physical development, including vision and hearing;

3. Communication development;

4. Social or emotional development; or

5. Adaptive development.

1.2 Criteria

The criteria to be used in determining a child's eligibility as a result of developmental delay includes:

(a) A minimum of 50% delay in any one of the above developmental areas; or

(b) A 25% delay in two or more of the above areas.

Informed clinical opinion may be used in determining eligibility for services under Part H as a result of a developmental delay if there are no standardized measures, or the standardized measures and procedures available are not appropriate for a given age or developmental level.

1.3 Procedures to Determine the Existence of a Developmental Delay in Each Developmental Area Included in Paragraph (a) of 303.300

1.3.1 Any child, birth through age two, suspected of having

a developmental delay is eligible for diagnostic and evaluation services.

1.3.2 Evaluation of the child relates directly to procedures for determining eligibility for Part H services. The evaluation process is designed to be a responsive and individualized set of procedures for determining eligibility in a fair and timely fashion. The process takes the unique characteristics of the child, the accumulated information about the child, and the child's parents' choices regarding evaluation alternatives into consideration. In addition, the evaluation process is designed to provide the child's parents with appropriate information for making informed decisions regarding service options for their child and family.

(a) Evaluation procedures are conducted by appropriate qualified personnel.

(b) Evaluation procedures are conducted by personnel trained to utilize appropriate methods and procedures.

(c) Each child and family is assisted in the evaluation process by a specific staff member of the Child and Family Service Provider (CFSP) agency in their region, the evaluation coordinator.

(d) Evaluation procedures and alternatives are explained to parents in their native language or means of communication (e.g., sign language for a parent with a hearing disability). Parents consent in writing before assessment and information gathering is initiated and consent for release of information forms are completed for child records and data from previous evaluations or diagnosis.

(e) Parents have a choice as to the level of involvement and role they wish to play in the child evaluation process.

(f) Evaluation procedures are tailored to the type of eligibility criteria which appears most appropriate for qualifying a child (Type I; established condition or Type II; measured delay). The evaluation is individualized and multidimensional, meaning it is a comprehensive, integrated process during which data may be gathered from multiple sources using multiple

methods across multiple domains, disciplines, or content areas.

(1) Type I eligibility evaluation is conducted by a qualified diagnostician (physician or psychologist) utilizing evaluation procedures based on informed clinical judgement and/or diagnostic evaluations.

(2) Type II eligibility evaluation is conducted by qualified personnel trained to complete evaluations in one developmental area (in cases where eligibility determination is based on a 50% delay in a specific developmental area), or across developmental areas (in cases where eligibility is based on a 25% delay in two or more developmental areas). The following list pairs qualified professionals to their appropriate developmental areas: [This list is not inclusive]

Cognitive Development: Psychologists, Special Educators, Family Support Specialists;

Physical Development: Occupational Therapists and Physical Therapists (motor), Audiologists (hearing), Optometrists/Ophthalmologists (vision);

Communication Development: Speech and Language Pathologists/Therapists, Audiologists;

Social or Emotional Development: Psychologists, Special Educators, Family Support Specialists;

Adaptive Development: Psychologists, Special Educators, Family Support Specialists;

Comprehensive (all developmental areas): Psychologists, Special Educators, Family Support Specialists, Public Health Nurses, Pediatricians.

(3) Type II evaluation procedures include: direct use of reliable and valid screening and evaluation instruments/tests utilizing the guidelines of the instrument/test

developer as well as clinical judgement based on systematic observation, interviews with primary care-givers, and clinical judgement rating scales and checklists.

(g) The multidisciplinary evaluation team includes: the child's parents, CFSP agency staff member responsible for coordination of eligibility determination (evaluation coordinator), and one or more disciplines or professions related to the provision of Part H early intervention services. [This does not imply that a child's evaluation must occur on one occasion with all evaluation team members present.]

(h) The evaluation coordinator will discuss and review the evaluation data with the parents to determine if the findings are consistent with previous information collected, the parents' understanding of previous data and diagnosis, and the parents' interpretation of any recent evaluation results. Parents will be able to discuss any concerns they have with the evaluation process or results at that time.

(i) The CFSP agency will convene an eligibility review panel (administrator/supervisor, evaluation coordinator, and a FSS) to determine the eligibility status of a child.

(j) The evaluation coordinator, with the assistance of the multidisciplinary evaluation team and/or eligibility review panel members, reviews the results of the eligibility determination process and provides information regarding service options for the child and family [including choosing not to pursue any or only specific services at this time, and due process procedures, when the child is found not to be eligible for Part H services or the parents disagree with the evaluation findings].

For a child who appears to be clearly eligible for Part H services (Type I diagnosis has been established, evaluations meeting the requirements of this section for Type II eligibility determination have been previously completed or, in the clinical judgement of the evaluation coordinator or FSS, the child has characteristics of a level of development which according to initial reports/observations will make the child eligible), the effort focuses on child assessment

and family information gathering processes for families interested in pursuing Part H services. It is not necessary to conduct new evaluations when previous evaluation diagnoses and data indicate that the child qualifies for Part H services.

(k) All evaluation information (verbal and reports) must be free of jargon and terms that are subject to misinterpretation by individuals involved in the evaluation process. The evaluation reports should be readable for both families and professionals alike.

(l) All evaluation information, including evaluation reports, consent for release of information to obtain evaluation information, parental approval of evaluations, and contact records, will be contained in individual records for each child/family.

1.4 "At Risk" Infants and Toddlers

Children from birth through age two, inclusive, who are at risk of substantial developmental delays if early intervention services are not provided, are not included in the state's definition of developmental delay, and are therefore not eligible to participate in the state's Part H early intervention program. These children are eligible for, and do receive, early intervention services through other state discretionary programs offered by the DDD.

2. CENTRAL DIRECTORY

2.1 Information

2.1.1 The Developmental Disabilities Division (DDD) has developed a central directory of information which includes:

(a) Public and private early intervention services, resources, and experts available in the state;

(b) Research and demonstration projects being conducted in the state; and

(c) Professional and other groups that provide assistance to children eligible under Part H and their families.

2.1.2 The Central Directory was developed in 1989 and is

currently being operated under a purchase of service contract (Appendix H) between the DDD and Parents Let's Unite for Kids (PLUK), a parent training and support organization located in Billings, Montana. The directory consists of a statewide, automated information and referral system with toll-free telephone service. Appendix I contains the table of contents for the Family Support Services Information Network database, and a copy of a brochure describing how to access Montana's central directory of services.

2.2 Assurances for 303.301

2.2.1 The DDD assures that the central directory is in sufficient detail to:

(a) Ensure the general public will be able to determine the nature and scope of the services and assistance available from each of the sources listed in the directory (303.301[b]); and

(b) Enable the parent of a child eligible for Part H services to contact, by telephone or letter, any of the sources listed in the directory (303.301[b]).

2.2.2 The DDD assures that the central directory is:

(a) Accessible to the general public (303.301[c]);

(b) Available in each geographic region of the state, including rural areas (303.301[d]); and

(c) In places and a manner accessible to persons with disabilities (303.301[d]).

2.2.3 The DDD assures that the central directory is updated at least annually (303.301[c]).

3. TIMETABLES FOR SERVING ALL ELIGIBLE CHILDREN

3.1 General: Assurance for 303.302

3.1.1 The DDD assures that appropriate early intervention services are available to all infants and toddlers with disabilities in Montana in accordance with 303.302, including Native American infants/toddlers with disabilities and their families living on reservations.

3.1.2 The timetables established ensure that since the beginning of Montana's fourth year of participation,

all infants and toddlers with disabilities have had access to an evaluation and assessment, development of an IFSP, and support coordination (service coordination/case management) services.

3.1.3 The timetables established ensure that by the fifth year of Montana's participation, the State will provide appropriate early intervention services for each eligible child, including Native American Indian children on reservations, and the child's family as outlined in their current IFSP.

3.2 Limitation on Eligible Children (303.4)

The DDD assures that Part H services do not apply to any child with disabilities receiving a free appropriate public education (FAPE) with funds under section 619 of Part B of IDEA.

4. PUBLIC AWARENESS PROGRAM

4.1 General: Assurance for 303.320

4.1.1 The DDD assures that it has developed and disseminated to all primary referral sources a public awareness program that provides information about materials for parents and professionals on the availability of early intervention Part H services, including the following:

(a) The State's early intervention program (303.320 [a]);

(b) The child find system (303.320 [b]), including:
(1) the purpose and scope of the system;
(2) how to make referrals; and
(3) how to gain access to a comprehensive, multidisciplinary evaluation and other early intervention services; and

(c) The central directory of services (303.320 [c]).

4.2 Description of Montana's Public Awareness Program

4.2.1 Montana currently engages in a variety of continuous and ongoing public awareness activities including:

(a) Distribution of pamphlets and brochures by child and family service providers in doctors' offices, hospitals, and other appropriate primary referral source locations;

(b) Ongoing communications with major organizations throughout the state that have a direct interest in Part H, including public agencies at the state and local level, private providers, professional associations, parent groups, and other advocate associations;

(c) News releases and brief public service announcements, providing broad coverage to the general public (including individuals with disabilities).

(d) Personal contacts, including presentations and workshops at state and local meetings, medical educational forums, public hearings, and other special events; and

(e) The use of the state central directory's toll-free telephone service operated by Parents Let's Unite for Kids (PLUK) in Billings, Montana.

4.2.2 The Developmental Disabilities Division, in conjunction with the Family Support Services Advisory Council (Montana's ICC), will continue a multi-media approach to publicizing the availability of services under Part H, including an evaluation of the effectiveness of public awareness efforts on both the regional and state level.

5. COMPREHENSIVE CHILD FIND SYSTEM

5.1 General Assurances for a Comprehensive Child Find System (300.128, 303.164, 303.321)

5.1.1 The coordination of the Part H comprehensive child find system (CCFS) to identify infants and toddlers with disabilities who may be eligible for Part H services, including child find procedures, coordination of child find activities of state agencies, and referral of potentially eligible children to Part H service agencies, is the responsibility of DDD in accordance to 303.164 and 303.321.

5.1.2 The Part H CCFS is implemented in cooperation with, and is consistent with, the Montana Office of Public Instruction's Part B child find program in accordance to 300.128. The Office of Public Instruction's child find program is mandated by Montana Code Annotated, 1987 (20-7-414) and Administrative Rules of Montana (10.16.1201, 10.16.901, 10.16.103).

5.2 Child Find Infant and Toddler Identification Policies and Procedures (303.321 [b])

5.2.1 The Developmental Disabilities Division (DDD), with the assistance of the Family Support Services Advisory Council (FSSAC), shall implement a CCFS which assures that all infants and toddlers who are eligible for Part H services are identified, located, and evaluated. The child find identification and location of infants and toddlers who may be eligible for Part H services is conducted in cooperation and coordination with all other similar statewide and major child find efforts. The Child and Family Service Provider (CFSP) agencies which contract with the DDD to provide Part H services are responsible for cooperating with child find efforts in their regions and for evaluating infants and toddlers who have been referred for Part H services in accordance with Component 6. The CCFS will be implemented in accordance to the Child Find Notice requirements (300.561 - Notice to Parents) in the Confidentiality section of Procedural Safeguards,(see Component 10). The DDD is responsible for CFSP child find efforts through monitoring contractual agreements with CFSP agencies (see Component 15) and interagency agreements (see Component 14).

5.2.2 The DDD shall implement a continuing data collection system designed: to determine which infants and toddlers are receiving Part H services or DDD supported "Family Training and Support" (discretionary) services and which infants and toddlers have been referred for Part H services but are not receiving either DDD service (see Component 14); and to determine the extent to which primary referral sources disseminate information on the availability of Part H early intervention services.

5.2.3 The foundation of the CCFS is the public awareness program (see Component 4) regarding Part H services and referral procedures, especially for primary referral sources (see Component 5.4) and the interagency agreements (see Component 14) about coordination and cooperation with statewide and major child find efforts. The DDD promotes and monitors statewide child find efforts, including a central service directory which provides information and referral about CCFS. The CFSP agencies coordinate and cooperate with regional child find efforts and conduct eligibility evaluations of infants and toddlers referred for Part H services.

(a) The DDD and FSSAC's statewide public awareness

program (see Component 4) provides information to the general public and primary referral sources about Part H services, the central directory of early intervention services, referral procedures for Part H services, and access procedures for Part H service eligibility evaluation. Appendix T contains information/brochures/documents used to transmit referral procedures to referral sources. The Part H public awareness program has been developed in cooperation with the Office of Public Instruction's public awareness program for Part B preschool services. Further, DDD's public awareness program is directly linked to the central service directory (see Component 2).

(b) On the regional level (Montana is divided into five administrative regions)(see Appendix E), CFSP agencies will conduct public awareness programs regarding (a) Part H services, (b) referral procedures for services in their region, and (c) access procedures for eligibility evaluation and determination for services (CFSP services include other early intervention services in addition to Part H services).

(c) The DDD, with the assistance of the FSSAC, has developed interagency agreements (see Component 14) which include arrangements regarding cooperation and coordination of child find efforts, including referral procedures for Part H services (see Component 5.3). These agencies include the Office of Public Instruction, Department of Health and Environmental Sciences, Department of Family Services, and Department of Corrections and Human Services. In addition, DDD has developed agreements with Family Assistance and Medicaid Services Divisions within the Department of Social and Rehabilitation Services.

(d) A referral for Part H services may emanate from any public agency (including from all statewide and major child find efforts) or primary referral source.

(e) Public agencies, primary referral sources, and families may make referrals for infants and toddlers who may be eligible for Part H services through any one of the following methods:

(1) Referral to the statewide central directory. Parents Let's Unite for Kids (PLUK) has a contract with DDD to provide a computer-

based statewide directory of services, information, and referral services to anyone interested in Part H services or the CCFS, including making the referral. PLUK will immediately direct primary referral sources to either the DDD central office or the appropriate CFSP agency considering where the referred child resides.

(2) Referral to the DDD. The DDD will direct primary referral sources to the appropriate CFSP agency considering where the referred child resides. In addition, the DDD will assist coordination of referrals in unusual situations (e.g., the family currently resides in one region but is moving to another region in the state).

(3) Referral to a regional CFSP agency. If the referral relates to a child who lives in another region, the CFSP agency will refer the primary referral source to the appropriate CFSP agency in the appropriate region. If the referral may involve more than one CFSP agency, in addition to informing the primary referral source regarding the CFSP agency, referral will be made to the DDD to assist in coordination, if necessary.

(f) No matter where the child find referral may start, either PLUK, DDD, or a CFSP agency, and if desired by the primary referral source, the primary referral source will be directly assisted in making the referral to the appropriate CFSP agency. All referrals must be made within two working days of the identification of the child.

(g) The following information will be collected from the primary referral source in order to facilitate the referral process: the name and address and/or telephone number of the primary referral source and their relationship to the referred child/family (if the primary referral source is not the referred child's parent); confirmation that the referral is being made with the parent's knowledge and consent (if the primary referral source is not the referred child's parent); the name and age of the referred child; the name, address, and telephone number of the child's parents; and the primary concerns of the parents and/or the primary

referral source regarding the child's development which serve as the basis for the referral.

(h) The CFSP agency in the region where the referred child resides, unless otherwise arranged with the DDD, will be responsible for the Part H service eligibility evaluation in accordance with Component 6. The CFSP agency will complete the following steps as appropriate:

(1) A single individual within the CFSP agency will assist the referred child and his/her family through the Part H service eligibility evaluation process.

(2) If the primary referral source was not the parent, the CFSP agency will contact the referred child's parents as soon as possible after the referral is made, especially in situations which require immediate attention (e.g., infant with immediate needs). In usual referral situations, contact with the family must be initiated by the CFSP agency no later than two working days following the receipt of the referral.

(3) If there is an immediate need for Part H services and according to the initial information gathered from the primary referral source, the referred infant or toddler appears to be eligible for Part H services, Part H services can be immediately provided in accordance to Components 6 and 7.7.

(4) The Part H service eligibility evaluation process is designed so as to not duplicate evaluation procedures which have been completed during child find efforts of other agencies within three previous months of the referral. The CFSP agency will use all appropriate previously completed evaluation information (see Component 6.3).

(5) The Part H service eligibility evaluation process will be conducted in accordance to Components 6.1, 6.2, and 6.3.

(6) For infants and toddlers and their families who are eligible for Part H services, activities will be focused on assessment related to the IFSP (see Component 6) and

the development of their initial IFSP (see Component 7).

5.2.4 The DDD data collection system is designed to summarize child find data and to determine the extent information about Part H services is disseminated.

(a) The DDD data collection system is designed to summarize child find data from each CFSP agency in order to determine, on an annual basis, the number of infants and toddlers who are (1) eligible for and receiving Part H services, (2) eligible for and receiving "Family Training and Support Services", (3) eligible for "Family Training and Support Services" but not receiving those services, and (4) not eligible for Part H services and not receiving any DDD supported services. Child find data will be reported according to these four classifications.

(1) Through the normal course of services related to CCFS and Part H service eligibility evaluation, each CFSP agency will collect child find data according to the four classifications in 5.2.4. This information will be summarized on an annual basis and reported to the DDD.

(2) The DDD will collect on an annual basis child find data from each CFSP agency according to the four classifications in 5.2.4. The DDD will summarize the child find data (see Component 16).

(3) The DDD will develop an annual report regarding which infants and toddlers are receiving needed early intervention services and which infants and toddlers are not receiving those services according to the classifications in 5.2.4.

(b) The DDD data collection system is designed to determine the extent to which primary referral sources disseminate information about the availability of Part H services.

(1) The DDD will monitor a survey of a representative sample of primary referral sources from across the five service regions in Montana. The survey shall be designed to ascertain the degree to which the representative sample of primary referral

sources has knowledge of and disseminates information about the availability of Part H services.

(2) The DDD will monitor a survey of a representative sample of families who were referred for Part H services to determine who informed them about the availability of Part H services.

(3) The DDD will report the findings of the surveys regarding primary referral sources' knowledge and dissemination of information about the availability of Part H services.

5.3 Child Find Infant and Toddler Identification Coordination (303.321 [c])

5.3.1 The DDD, with the assistance of the FSSAC, will coordinate, in accordance to Component 5.2, infant and toddler child find activities for Part H services with State agencies which provide similar statewide and major child find efforts. The coordination and cooperation with statewide and major child find efforts are documented through interagency agreements with State agencies (see Component 14). In addition to coordinating the CCFS with State agencies, the DDD will coordinate CCFS with organizations who provide services to and/or conduct child find activities for Native American Indian children, including tribes and tribal organizations that receive payments under Part H (303.180) and other tribes and tribal organizations as appropriate.

(a) The CCFS is not designed to duplicate the child find or evaluation efforts of State agencies. The Part H service eligibility evaluation process is developed to make use of all appropriate child evaluations and not unnecessarily duplicate any evaluation process completed for a child within the previous three months before being referred for Part H services (see Component 6).

(b) The DDD will make the most effective use of all appropriate resources available to State agencies to complete CCFS activities in a coordinated and timely manner.

5.3.2 The CCFS roles and responsibilities of the various State agencies have been identified. The purpose of this listing is not to alter the child find services provided by the State agencies but to identify their

roles and interrelationships between the agencies. Further, DDD will coordinate infant and toddler child find activities for Part H services through contractual relationship with CFSP agencies (see Component 15). The CFSP agencies are responsible for cooperating with regional/local child find activities and completing Part H service eligibility evaluations.

(a) The Office of Public Instruction (OPI) is Montana's lead agency for Individuals with Disabilities Education Act (IDEA), Part B and Services for Deaf-Blind Children and Youth (IDEA Part C, Component 622), and Programs for Children with Disabilities--Programs Operated by State Agencies (Chapter I, Children with Disabilities Program). The OPI is responsible for the statewide child find efforts for children with disabilities (birth through age 21) conducted by local education agencies (LEA) (see Component 5.1). The OPI and LEAs shall assist the DDD and CFSP agencies in locating, identifying and referring infants and toddlers who may be eligible for Part H services. The DDD and CFSP agencies will cooperate with LEA child find efforts, including making referrals for children who may be eligible for Part B preschool services.

(b) The Department of Health and Environmental Sciences (DHES) shall assist DDD in locating, evaluating, and referring infants and toddlers who may be eligible for Part H services. The DHES is responsible for Montana's Maternal and Child Health Block Grant and Preventive Health and Health Services Block Grant (Title V of the Social Security Act). In addition, the DHES assists local public health agencies (e.g., city/county health departments) in providing public health services, including child find activities. These child find activities are not state-wide, in that not every county of the state has a public health early screening program, but all major Montana communities have such services. The DHES also promotes child find activities through their links to other primary referral sources, such as physicians, nurses, hospitals, and health clinics. Further, DHES manages a Special Project of Regional and National Significance designed to assist rural public health programs in addressing the needs of under-

served young children through a family-centered approach). These DHES services are linked to the CCFS.

(c) The Department of Family Services (DFS) shall assist in referring infants and toddlers who may be eligible for Part H services. The DFS does not provide a child find service. They are primarily responsible for providing State Child Welfare Services and case management services for children and youth in need of care or supervision and alternate living arrangements or residential treatment facility services. The DFS will be a primary referral source for any child who may be eligible for Part H services who is their responsibility, and has not been referred for Part H child find.

(d) The Department of Corrections and Human Services (DCHS) shall assist in referring infants and toddlers who may be eligible for Part H services. The DCHS is responsible for providing institutional care for individuals who are in need of mental health services and individuals who are in need of developmental disabilities institutional services. Additionally, the DCHS is responsible for monitoring services from community mental health centers. The DCHS will be a primary referral source for any child or family who may be eligible for Part H services, is referred for or receiving a DCHS service, and has not been referred for Part H child find.

(e) The Department of Social and Rehabilitation Services (SRS), which includes the DDD, is also responsible for coordinating similar major child find efforts. SRS shall assist the DDD and CFSP agencies in locating, identifying, and referring infants and toddlers who may be eligible for IDEA, Part H services. In addition to SRS/DDD's Part H service lead agency responsibilities, other divisions of SRS are responsible for Medicaid (including Early and Periodic Screening, Diagnosis, and Treatment, Title XIX of the Social Security Act) and Social Services Block Grant services. The DDD, in addition to serving as lead agency for Part H services, provides and monitors support services for children with disabilities and their families. These services include: family training and support, specialized family care, respite care, and home-based Chapter 1, children with disabilities (formerly,

Handicapped Program) (contractual arrangement with OPI) services. The DDD provides these services through contractual arrangements with CFSP agencies. Any child referred to the DDD or CFSP agency for one of these services, but who may be eligible for Part H services, will be evaluated for eligibility for Part H services.

(f) The Montana Developmental Disabilities Planning Advisory Council (DDPAC), the Montana Advocacy Program (MAP), and The Montana University Affiliated Rural Institute on Disabilities (Rural Institute) are established through the Developmental Disabilities--Basic State Grant (Developmental Disabilities Assistance and Bill of Rights Act). The DDPAC is responsible for developing and assisting State agencies in implementing a State Plan for developmental disability services across all state agencies. The MAP is responsible for providing advocacy services to individuals with disabilities and their families. The Rural Institute is responsible for providing training, models of exemplary service, technical assistance, and information dissemination services in Montana. These organizations will serve as primary referral sources and will refer any infants and toddlers who may be eligible for Part H services.

(g) In addition to these statewide and state-sponsored programs, Montana also has Head Start (Head Start Act), Indian Health Service (Snyder Act of 1921 and Indian Health Care Improvement Act), and Tribal Health Service programs which provide child find activities on a local or regional basis. Thus, Montana's CCFS will also be coordinated with tribes and tribal organizations that receive payments under Part H (303.180), and other tribal organizations as appropriate.

(1) Head Start programs in Montana are located in all major communities (communities with populations of 10,000 or more) and on the seven Indian reservations in Montana. The four primary service components of these programs are young child education, parent involvement, social services, and health services. Each Head Start program conducts child find activities. The Head Start programs will assist DDD in locating, evaluating, and referring infants and

toddlers who may be eligible for Part H services.

(2) Indian Health Service programs are available on Indian reservations in Montana and in Montana's communities with a significant number of Native Americans. The health services consist of a variety of preventive and direct health care services, including child find activities. Indian Health Service programs will assist DDD in locating, evaluating, and referring infants and toddlers who may be eligible for Part H services.

(3) Tribal Health Service programs are available on Indian reservations in Montana. Depending on the particular Tribe's relationship with Indian Health Services, Tribal Health may take the lead in providing health care on a particular Indian reservation while they may have different health care responsibilities on another reservation. Tribal Health Service programs will serve as a primary referral source for Part H services.

5.4 Referral Procedures (303.321[d])

5.4.1 The DDD, with the assistance of the FSSAC, has implemented a system and procedures for making referrals, in accordance to Component 5.2, to DDD's Part H service providers (CFSP agencies) for the Part H eligibility determination of infants and toddlers who were identified through child find activities for Part H services by State agencies which provide similar statewide and major child find efforts and primary referral sources. The referral system and procedures include:

(a) Provisions for evaluations related to determining the eligibility of infants and toddlers who may be eligible for Part H services in accordance to Components 5.2, 6.2.1, and 6.3.1 (303.322, 303.323);

(b) Provisions for assessment with infants and toddlers who appear to be or have been determined to be eligible for Part H services and family information gathering directly related to the development of an IFSP in accordance with

Components 5.2, 6.2.2, 6.3.2, 6.4, 6.5, 6.6, and 7 (303.322, 303.323); and

(c) Provisions for providing immediate Part H services through the development of an initial IFSP in accordance to 5.2 and 7 (303.342[a], 303.345).

5.4.2 The DDD, with the assistance of the FSSAC, is responsible for initial and ongoing implementation of the referral system and procedures with State agencies and primary referral sources. The DDD and FSSAC have individualized the process for informing state agencies and primary referral sources regarding referral procedures related to Part H child find, evaluation, assessment, and services identified in Component 5.2. The DDD has developed a referral procedures document (Appendix J), which describes the procedures referred to in Components 1, 5.2, and 5.4.1 and serves as a common document for Part H referral across State agencies and primary referral sources.

(a) DDD will continue the following activities to ensure implementation of the requirements of Component 5.

(1) All state agencies and CFSP agencies will have an opportunity for input to the DDD's Part H fifth year application, including the policies and procedures contained in the plan.

(2) The DDD's Part H fifth year application, including polices and procedures, will be revised according to feedback gathered during the period of public response and hearings.

(3) Part H policies and procedures will continue to be distributed to all appropriate state agencies, CFSP agencies, and primary referral sources included in Part H.

(4) The DDD will conduct and/or arrange for educational workshops for CFSP agency personnel regarding revising and implementing internal policies and procedures in accordance to requirements of Component 5, and locally/regionally implementing policies and procedures in accordance with the requirements of Component 5.

(5) The DDD will review service agreements with other state agencies and revise service agreements in accordance with appropriate requirements of Component 5 (see Component 14).

(6) The DDD will provide and/or coordinate on-going technical assistance and training related to implementation of the requirements of Component 5 for early intervention professionals and primary referral sources.

(7) The DDD will develop and implement a monitoring system to ensure compliance with the revised requirements of Component 5 by the CFSP agencies.

(b) Specifically for State agencies, child find and referral procedures will continue to be addressed through:

(1) The referral procedures document (Appendix J), which has been distributed to the appropriate state agencies.

(2) The further refinement of interagency agreements (see Component 14).

(3) Meetings with state agency personnel for discussions regarding implementing the Part H referral procedures and methods for transmitting Part H information to appropriate individuals within the State agency and/or to other agencies and professionals involved in child find activities associated with the State agency (e.g., contracted services).

(c) Specifically for primary referral sources identified in Component 5.4.3 (other than State agencies), child find and referral procedures will continue to be addressed through:

(1) Eliciting assistance from state agency personnel in transmitting information about Part H services and referral procedures to primary referral sources which are associated with particular state agencies (e.g., DHES relationships with hospitals, public health facilities, and physicians).

(2) Implementing the Part H public awareness program which includes radio and television public service announcements, newspaper advertisements and articles, presentations to primary referral source groups and individuals (e.g., annual state child care conference), and pamphlets and brochures (see Component 4). The content of the public awareness materials includes information about child find, evaluation, and service implementation activities. Part H public awareness program is a collaborative effort with other State agencies including OPI (Part B), DHES, and other SRS divisions.

(3) Implementing public awareness regarding the Part H computer-based central directory and associated information and referral service (see Component 2). The PLUK organization has a contract with DDD to maintain a central directory regarding Part H and other early intervention services with public access through mail and an 800-telephone number, and provide information and referral services to primary referral sources and other individuals seeking information about Part H services. Public awareness about the central directory is coordinated with the Part H public awareness program.

(4) Part H service and referral information (Appendix T) is directly distributed to primary referral sources according to the most appropriate methods for each of the primary referral source groups (e.g., newsletters distributed to all hospitals in Montana).

5.4.3 The DDD's definition of primary referral source for the purpose of Part H services includes (303.321[d][3]):

(a) Hospitals, including prenatal and postnatal care facilities;

(b) Physicians;

(c) Parents;

(d) Child (day) care programs and facilities;

(e) Local education agencies;

(f) Public health facilities;

(g) Social service agencies; and

(h) Other health care providers.

5.5 Comprehensive Child Find System Timelines (303.321[d])

5.5.1 The DDD requires that state agencies and primary referral sources refer infants and toddlers who may be eligible for Part H services within two days after the infant or toddler has been identified in accordance to Component 5.2.

5.5.2 Once a CFSP agency receives a referral for Part H services, the DDD requires the CFSP agencies to appoint an evaluation coordinator (see Component 6) as soon as possible and:

(a) Complete evaluations regarding the infant's or toddler's eligibility for Part H services within 45 days from the referral in accordance to Components 5.2, 6.2.1, and 6.3.1 (303.322, 303.323).

(b) For an infant or toddler who appears to be or is eligible for Part H services, complete an assessment with the infant or toddler and family information gathering directly related to the development of an IFSP within 45 days from the referral in accordance to Components 5.2, 6.2.2, 6.3.2, 6.4, 6.5, 6.6, and 7 (303.322, 303.323); and

(c) Hold a meeting to develop an initial IFSP in accordance to 5.2 and 7 (303.342[a], 303.345).

6. EVALUATION AND ASSESSMENT

6.1 General: Evaluation and Assessment Assurances (300.322 and 300.323)

6.1.1 The Developmental Disabilities Division (DDD) assures the performance of a timely, comprehensive, multidisciplinary evaluation (see definitions and Components 6.3 and 6.4) of each child, birth through age two, referred for evaluation, including assessment activities related to the child and child's family for

eligible children in accordance with 300.322 and Component 6.

6.1.2 The DDD assures that the adopted evaluation and assessment instruments and procedures will be nondiscriminatory in accordance with 303.323, including:

(a) Tests and other evaluation materials and procedures are administered in the native language of the parents, or other mode of communication, unless it is clearly not feasible to do so;

(b) Any assessment and evaluation procedures and materials that are used are selected and administered so as not to be racially or culturally discriminatory;

(c) No single procedure is used as the sole criterion for determining a child's eligibility under Part H; and

(d) Evaluations and assessments are conducted by qualified personnel.

6.1.3 The DDD is responsible for ensuring that the requirements of Component 6 (303.322 and 303.323) are implemented by all appropriate state agencies and Child and Family Service Provider (CFSP) agencies. In accordance to the requirements of Component 6, evaluation and assessment services are included in the contractual document with each CFSP agency.

6.1.4 The DDD will complete the following activities to ensure implementation of the requirements of Component 6.

(a) All State agencies and CFSP agencies will have an opportunity for input to the DDD's Part H fifth year application, including the policies and procedures contained in the plan.

(b) The DDD's Part H fifth year application, including polices and procedures, will be revised according to feedback gathered during the period of public response and hearings.

(c) Part H policies and procedures will be distributed to all appropriate state agencies, CFSP agencies, and professional organizations for the professional disciplines included in Part H.

(d) The DDD will conduct and/or arrange for educational workshops for CFSP agency personnel regarding (1) revising and implementing internal policies and procedures in accordance to requirements of Component 6 and (2) locally/regionally implementing policies and procedures in accordance with the requirements of Component 6.

(e) The DDD will revise and maintain service agreements with other state agencies in accordance to appropriate requirements of Component 6 (see Component 14).

(f) The DDD will provide and/or coordinate technical assistance and training related to on-going implementation of the requirements of Component 6 for early intervention professionals.

(g) The DDD will develop and implement a monitoring system to ensure compliance with requirements of Component 6.1 by the CFSP agencies, including obtaining consumer evaluation feedback.

6.2 Definitions of Evaluations and Assessments (300.322 [b])

6.2.1 Evaluation means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility under this part, consistent with the definition of eligibility for "infants and toddlers with disabilities" (see Component 1), including determining the status of the child in each of the developmental areas identified in Component 6.3 for children who are eligible under Type II criteria (see Component 1). Further, evaluation procedures should result in providing families with information about service options.

6.2.2 Assessment means the individualized procedures used by appropriate qualified personnel to gather information about a child (i.e., including a child's unique strengths and support/service needs), who qualifies for the Part H services, and his/her family (i.e., family concerns, resources, and priorities that relate to the development of their child) for the purpose of making decisions regarding program planning related to their child's and family's IFSP. Assessment includes and is referred to as "information gathering" when the topic of concern is family-related information. Information gathering in this context specifically refers to a process of exchanging information between family members and early intervention professionals and

through a variety of techniques (i.e., interviews, family checklists, and observations) designed to help families determine their primary areas of concern, wants, or priorities (i.e., including family-identified strengths); alternative methods for addressing their concerns, wants, or priorities; and alternative resources which may assist in addressing their concerns, wants, or priorities. Family information gathering is family directed and conducted in accordance to individual family preferences. Hence, assessment and information gathering is an ongoing, multidimensional process conducted by qualified personnel which provides information regarding:

(a) The child's unique strengths, abilities, and needs (i.e., support and service needs);

(b) The family's concerns, wants and priorities related to their child's development and their unique strengths and resources related to those concerns, wants and priorities; and

(c) The supports and services needed to address the family's priorities addressed in (a) and (b) in Component 6.2.2.

6.2.3 On going evaluation of a child's eligibility and assessment and information gathering are part of the IFSP development and evaluation process (see Components 7.2 and 7.3) (303.342 [b]). Ongoing evaluation, assessment and information gathering includes:

(a) Annual re-evaluation of the child's eligibility for Part H services utilizing appropriate procedures described in Components 6.1 and 6.2.1 for children who are determined to be eligible through Type II determination and are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more developmental domains (see Component 6.3).

If a child is determined to be eligible through Type I eligibility determination, having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay even though the delay may not exist at the time of diagnosis (see Component 1), it will be assumed that the child's diagnosis is still appropriate and re-evaluation will not be necessary, unless requested by the child's parents.

(b) Assessment and information gathering described in Component 6.1 and 6.2.2 will be completed in preparation for the development of a new IFSP on a six month schedule (see Component 7.3). This information will be used to assist in the development of the new IFSP, including IFSP documentation of child developmental information, child and family service list, child and family outcomes, statement of family strengths, and objectives.

6.3 Evaluation and Assessment of the Child (303.322 [c])

6.3.1 Evaluation of the child directly relates to procedures for determining a child's initial and continuing eligibility (see Component 6.3.2) for Part H services. The evaluation process is designed to be a responsive and individualized set of procedures for completing the eligibility determination process in fair and timely fashion, taking into consideration the unique characteristics of the child, the accumulated information about the child, and the child's parents' choices regarding evaluation alternatives. In addition, the evaluation process is designed to provide the child's parents with appropriate information for making informed decisions regarding service options for their child and family.

(a) Evaluation procedures will be conducted by personnel qualified to utilize appropriate instruments, methods, and procedures.

(b) Each child and family will be assisted in the evaluation process by a specific staff member of the CFSP agency in their region (evaluation coordinator) who will be the primary staff member responsible for assisting the family through the eligibility determination process for Part H services. (The term evaluation coordinator is used to describe the responsibilities of an individual within a CFSP agency which coordinates the eligibility determination process for a specific family. This person may have different job titles across CFSP agencies.)

(c) Evaluation procedures and alternatives will be explained to parents in their native language or preferred means of communication (e.g., sign language for a parent with a hearing disability). Parent's consent in writing before assessment and information gathering is initiated and consent for release of information forms will be

completed prior to collecting child records and data from previous evaluations or diagnostic processes from other agencies/professionals (see Component 10).

(d) Parents will have a choice as to the level of involvement and role they wish to play in the child evaluation process.

(e) Evaluation procedures are selected based on the type of eligibility criteria which appears most appropriate for qualifying a child (Type I or II). Thus the evaluation is individualized and multidimensional, meaning it is a comprehensive, integrated process during which data may be gathered from multiple sources using multiple methods across multiple domains, disciplines, or content areas.

(1) Type I eligibility evaluation is conducted by a qualified diagnostician (physician or psychologist) utilizing evaluation procedures based on informed clinical judgement and/or diagnostic evaluations. (See Component 6.6)

(2) Type II eligibility evaluation is conducted by qualified personnel trained to complete evaluations in one developmental area (in cases where eligibility determination is based on a 50% delay in a specific developmental area), or across developmental areas (in cases where eligibility is based on a 25% delay in two or more developmental areas). The following list pairs qualified professionals to their appropriate developmental areas: [This List is not inclusive]

Cognitive Development: Psychologists, Special Educators, Family Support Specialists (FSS);

Physical Development: Occupational Therapists, Physical Therapists (motor), Audiologists (hearing), Optometrists or Ophthalmologists (vision) ;

Communication Development: Speech and Language Pathologists/Therapists, Audiologists;

Social or Emotional Development: Psychologists, Special Educators, FSS;

Adaptive Development: Psychologists, Special Educators, FSS;

Comprehensive (all developmental areas): Psychologists, Special Educators, Family Support Specialists (FSS), Public Health Nurses, Pediatricians.

(3) Type II evaluation procedures include: direct use of reliable and valid screening and evaluation instruments/tests utilizing the guidelines of the instrument/test developer; and clinical judgement based on systematic observation, interviews with primary care-givers, and clinical judgement rating scales/checklists.

(f) The multidisciplinary evaluation team will be individualized for each infant and toddler and at a minimum includes: the child's parents, CFSP agency staff member responsible for coordination of eligibility determination (evaluation coordinator), and one or more disciplines or professions related to Part H services as appropriate for each child. [This does not imply that a child's evaluation must occur at one occasion with all evaluation team members present.]

(g) The evaluation coordinator will discuss and review the evaluation data with the parents to determine if the findings are consistent with previous information collected, the parents' understanding of previous data and diagnosis, and the parents' interpretation of any recent evaluation results. Parents will be able to discuss any concerns they have with the evaluation process or results at that time.

(h) The CFSP agency will convene an eligibility review panel (administrator/supervisor, evaluation coordinator, and a FSS) to determine the eligibility status of a child.

(i) The evaluation coordinator, with the assistance of the multidisciplinary evaluation team and/or eligibility review panel members, reviews the results of the eligibility determination process and provides information regarding service

options for the child and family [including choosing not to pursue any or only specific services at this time, and due process procedures, when the child is found not to be eligible for Part H services or the parents disagree with the evaluation findings].

For a child who appears to be clearly eligible for Part H services (Type I diagnosis has been established, evaluations meeting the requirements of Component 6.3.1 for Type II eligibility determination have been previously completed, or in the clinical judgement of the evaluation coordinator or FSS, the child has characteristics or levels of development which according to initial reports/observations will make the child eligible), the effort should focus on initiating child assessment and family information gathering processes for families interested in pursuing Part H services. It will not be necessary to conduct new evaluations when previous evaluation diagnostic reports and data indicate that the child qualifies for Part H services.

(j) All evaluation information (verbal and reports) must be free of jargon and terms that are subject to misinterpretation by individuals involved in the evaluation process. The evaluation reports should be readable for both families and professionals alike.

(k) All evaluation information, including evaluation reports, consent for release of information to obtain evaluation information, parental approval of evaluations, and contact records, will be maintained in an individual record for each child/family.

6.3.2 Child assessment and child information gathering is an individualized process based on the family's primary developmental and functional concerns regarding their child and their child's specific characteristics. Further, these processes are designed to identify the child's strengths, abilities, and support and service needs. In addition, these processes are directly linked to the development of initial and continuing IFSPs for the child and family (see Component 7.3). Depending on their choices, family members may play a variety of roles in these processes such as information-provider, assessment-giver, and decision-maker. These assessment procedures follow the Type I

or Type II evaluation for a child who is eligible for Part H services.

(a) Assessment procedures will be conducted by personnel qualified to utilize appropriate instruments, methods, and procedures. (In addition to the professionals listed in Component 6.3.1[e], personnel may include social workers, case managers, child/family counselors, and nutritionists, as appropriate, and are individually determined for each child.)

(b) A child's/family's FSS and family members, if they choose, will be responsible for coordinating assessment processes on a six month cycle.

(c) Assessment and child and family information gathering processes will be explained to parents in their native language or means of communication. Parents will consent in writing before assessment and information gathering is initiated.

(d) Parents will have a choice as to the level of involvement and role they wish to play in the child assessment and information gathering processes.

(e) Assessment and information gathering will be multidimensional, meaning it is a comprehensive, integrated process during which data is gathered from multiple sources using multiple methods across multiple domains, disciplines, or content areas.

(1) Multiple sources refers to gathering information from individuals who are familiar with the child, including but not limited to family members, therapists, day care providers, teachers, physicians, and social workers.

(2) Multiple methods refers to a variety of processes related to assessment and child information gathering including, but not limited to: direct testing, systematic observation, interviews with primary care givers, and rating scales or checklists that reflect clinical judgement.

(3) Multiple domains, disciplines, or content areas refer to assessment or gathering child

information across various dimensions, including but not limited to: developmental status (cognitive, physical, communication-language/speech-and social or emotional-psychosocial-development, and adaptive development-self-help skills), play skills, health status, temperament and behavioral characteristics, mastery motivation, learning style, environmental demands on the child, and characteristics of the child's environment(s).

(4) Integrated process refers to combining and interpreting the information collected in the multidimensional process so that the synthesized information can be utilized in the program planning process, including assisting the family in interpreting the results of the assessment processes. Thus, assessment information needs to be relevant to the family's concerns regarding their child and needs to be presented in a way that all IFSP planning participants can understand.

(f) Multidimensional assessment is a team process in which information and ideas are exchanged across team members with families participating at the level of involvement they choose. (see Components 6.5, 7.3 and 7.4)

(g) Assessment or child information gathering will be required in the domains, disciplines, or content areas listed below. Some of this information may be available from the process for documenting eligibility or previous services provided to children and families.

(1) Review of appropriate information and records related to the child's current health status and medical history, especially information which may influence Part H services and IFSP outcomes and objectives (see Component 7). As appropriate, this may include but is not limited to information about: physical examinations and health assessments, seizure disorders, dental examinations, nutritional assessments, and medications and immunization history.

(2) Assessment information related to the child's developmental status (level of functioning) in the following developmental areas:

Cognitive development;
Physical development, including gross motor, fine motor, vision, and hearing;
Communication (language and speech) development;
Social or emotional (psychosocial) development; and
Adaptive development (self-help skills).

(h) Synthesis of the assessment information related to the unique skills, abilities, and needs (see Component 6.3.2[f]) which results in the identification with the family of potential IFSP outcomes and objectives and ultimately, Part H services and supports for the child.

(i) Assessment and information gathering procedures are adapted to the cultural background, family values, ethnic origin, language, and means of communication used by the child and family. Assessment and information gathering procedures, materials, and instruments are selected and administered so as not to be racially or culturally discriminatory.

(j) All assessment information (verbal and reports) should be free of jargon and terms that are subject to misinterpretation by individuals involved in the assessment and information gathering process. Assessment reports should be readable by families and by professionals.

(k) All assessment information, including reports, consent for release of information to obtain assessment information, parental approval of assessments, and contact records will be maintained in an individual record for each child/family.

6.3.3 Ongoing evaluation of a child's eligibility and assessment and child information gathering are one part of the IFSP development and evaluation process for children determined eligible through Type II eligibility processes (see Component 7) (303.342 [b]). However, ongoing evaluation, assessment, and child information gathering occur once annually, at the IFSP date closest to their initial or previous ongoing

evaluation date. This re-evaluation process should be based on evaluation methods and criteria utilized to initially qualify the child for Part H services. However, this does not imply a total re-evaluation using the original methods and criteria if they are not appropriate given the child's current age or characteristics.

(a) Annual re-evaluation of the child's eligibility for Part H services utilizing appropriate procedures described in Components 6.1 and 6.2.1 for children who are determined to be eligible through Type II determination, that is, a child is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more developmental domains (see Component 6.3.1). This process must be completed before the development of a new IFSP. Re-evaluation may be based on appropriate developmental assessments which are part of the IFSP assessment and child information gathering processes. Hence, re-evaluation does not imply that the exact same evaluation instrument must be used for re-evaluation.

    (1) A child's/family's FSS will coordinate the annual re-evaluation process, including the appropriate procedures outlined in Component 6.3.1, [a], [c], [d], [e -Type II], [g], [h], [i], [j], and [k].

    (2) As appropriate, the child's/family's multidisciplinary assessment and information gathering team and/or IFSP team (see Component 7.3.5) may be involved in the re-evaluation process.

    (3) These re-evaluation procedures should be integrated into the assessment and child information gathering process and not require duplicate processes unless absolutely necessary in order to complete the re-evaluation process.

(b) If a child is determined to be eligible through Type I eligibility determination, that is, a child has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay even though the delay may not exist at the time of diagnosis (see Component 6.3.1), it will be assumed that the child's diagnosis is still appropriate and re-

evaluation will not be necessary, unless requested by the child's parents.

If the family requests a re-evaluation, then the appropriate procedures of Component 6.3.1 [a] - [l] will be utilized.

(c) If upon re-evaluation, it appears the child does not qualify for Part H services, the FSS will assist the family in determining their options, including utilizing other eligibility evaluation methods than the one originally used to determine the child's eligibility (see Components 6.1.2 [c], 6.8.2) and again, informing the family of their procedural safeguards/rights (see Component 10).

(d) For a child/family who continues to qualify for Part H services, assessment and child information gathering described in Component 6.3.2 are part of the IFSP evaluation and development process (see Component 7).

6.4 Family Information Gathering (303.322[d])

6.4.1 Family information gathering is a family-directed process where the family voluntarily shares information with qualified professionals about their concerns, wants and priorities related to their child's development, as well as information about their family's resources related to support and service outcomes for enhancing the development and care of their child. (Family information gathering is used instead of family assessment to reflect respect for the family's role in exchanging/sharing information they think is important.) The family may consider that a variety of circumstances may have an impact on their eligible child, thus family information gathering must not be limited to just the direct family-focused services provided by the CFSP agency if the family identifies other areas of concern. (This does not imply that the CFSP agency will directly provide all family-related services, but it does mean that they will assist a family in addressing family-related issues when a family makes such a request.)

(a) Family information gathering is designed to determine resources, priorities, and concerns of the family related to enhancing the development of the child. Sharing family information with CFSP staff and early intervention professionals must be voluntary on the part of the family.

(b) Sharing family information will be conducted by personnel qualified to utilize appropriate methods and procedures.

(c) Family information gathering processes will be explained to parents in their native language or means of communication. Parents will consent in writing before family information gathering is initiated.

(d) Family information gathering is a family-directed process. Each family must be provided options regarding how they would like to share family information, including but not limited to interview/conversation and review of or completion of self-assessment checklists, inventories, surveys, or questionnaires designed to help families determine their concerns, wants, priorities, supports, and resources related to their child's development. (The latter tools do not refer to formal "psychosocial" family assessment instruments designed to measure depression, personality characteristics, and dysfunctional behavior.)

(e) Family information incorporates the family's description of its resources, priorities, and concerns which relate to the enhancement of their child's development and to outcome statements in the family's IFSP and their resources and supports related to each outcome statement (see Components 7.3 and 7.5.7).

6.5 Assessment and Information Gathering is a Team Process

Given the breadth of the processes outlined in Components 6.3 through 6.4, evaluation, assessment, and family information gathering must be a team process. At a minimum, the nuclear team will include family members and their evaluation coordinator (for initial evaluations) or FSS for assessment and family information gathering. However, to gather information for a multidimensional evaluation or assessment of a child, other professionals and care-givers are involved in sharing information about the child. Hence, it is not the sole responsibility of the family members and evaluation coordinator or FSS to complete the multidimensional assessment of the child.

Likewise, child assessment and child information gathering activities in the required domains, disciplines, or content areas are not the sole

responsibility of the family members and FSS. Other professionals may have data, reports, or clinical information related to those domains, disciplines, or content areas. Assessment and child information gathering team participation is not limited to meetings and includes, but is not limited to, sharing information through reports, telephone contacts, and letters.

(a) The nuclear multidisciplinary team for the purpose of evaluation or assessment and information gathering includes family members and their evaluation coordinator for initial evaluations or FSS.

(b) The nuclear multidisciplinary team may collaborate with other professionals and care givers in the evaluation or assessment and information gathering processes. Family members and their evaluation coordinator or FSS will jointly determine who else will assist the evaluation or assessment and information gathering processes. Parents will have final authority in deciding on team participants.

(c) Family members will have the opportunity to be involved in all evaluation or assessment and information gathering discussions unless they explicitly choose not to be directly involved and have decided that the content of any assessment and/or information gathering discussions can be shared with them at a later date.

(d) Team participation is not limited to sharing information through meetings. A variety of information sharing methods may be employed, including but not limited to, telephone conference calls, telephone contacts, sharing reports, video/audio records, and letters.

6.6 Evaluation, Assessment, and Family Information Gathering Timelines (303.322[e])

6.6.1 The evaluation, assessment and family information gathering processes for the child and family will be completed within 45 calendar days from the referral of the child for services, except as provided in Component 6.6.2.

(a) From the day of referral, the provider has 45 days to complete the initial evaluation and child

assessment and family information gathering processes outlined in Components 6.2 through 6.4.

(b) Providers are expected to complete the initial evaluation, assessment and family information gathering processes within the 45 day timeline. However, exceptional circumstances (see Component 6.6.2) may make it impossible to complete the assessment and information gathering within 45 days.

6.6.2 Eligibility for Part H services must be determined within the 45 day timeline. However, some children may be clearly eligible for the service (see Component 6.3.1[j]) and even though the documentation may not be completed, the CFSP agency is highly certain the child will be eligible and may initiate the assessment and family information gathering processes for the development of their IFSP (see Component 7). In other situations, it may not be clear whether the child will qualify for Part H services and the Provider does not want to initiate assessment and family information gathering processes until eligibility evaluation and determination processes have been completed.

The circumstances listed below are considered exceptional and will extend the evaluation and/or assessment and information gathering processes. Any extension will be documented in the child's and family's record, including reason for the extension.

(a) Eligibility evaluation and determination should be completed as soon as possible after the referral. However, processes for determination of eligibility may not be the sole responsibility of the CFSP agency (e.g., physician needs to provide diagnosis to Provider). In situations where eligibility evaluation requires the cooperation of professionals outside of the CFSP agency and can not be completed within 30 calendar days of the initial referral, the assessment and information gathering processes and IFSP completion date can be extended.

(b) In situations where the eligible child is sick or unavailable (e.g., out of their home) or the family is not able to or does not want to meet for a "substantial" period of time during the first 45 days, at the family's request, the evaluation, assessment and family information gathering processes, and IFSP completion date can be extended.

(c) In situations where the child has been determined to be eligible, but the child requires assessment(s) to be completed by professional(s) outside of the CFSP agency which is (are) required for developing a full or interim IFSP, the assessment and information gathering processes and IFSP completion date can be extended.

(d) In situations where uncontrollable events (e.g., severe winter weather) limit the ability of the family and FSS to meet for a substantial period of time during the first 45 days, the assessment and information gathering processes and IFSP completion date can be extended.

6.6.3 For children who have been determined eligible for Part H services within the 45 day timeline, but due to exceptional circumstances (see Component 6.6.2) the comprehensive evaluation and/or assessment and information gathering processes cannot be completed within the same 45 day period, then an interim IFSP must be developed in accordance with Component 7.7 (303.345), including outcomes/objectives related to the completion of appropriate evaluations and/or assessments and information gathering processes and the provision of other appropriate Part H services.

6.7 Assessment and Family Information Gathering is an Ongoing Process

Assessment and information gathering processes are formally completed according to timelines associated with IFSP planning (see Component 7). However, children and families are dynamic. Hence, assessment and information gathering is an ongoing process which is built into the routine of working with a child and family. Routine interactions of a child and his/her family provide opportunities for making observations, and gathering, sharing, and interpreting new information related to a child's development and his/her family's current concerns, wants and priorities. Further, this new information may imply modifications to the current IFSP in order to reflect activities which are considered most important by a child's family. This does not imply that assessments are formally updated with each interaction with a child and family. The child's record can be used to update appropriate child and family information related to Components 6 and 7.

6.8 Evaluation and Assessment Procedures (303.323)

6.8.1 Each CFSP agency has established procedures to assure that evaluation, assessment, and family information gathering materials, instruments, and procedures are selected and administered so as not to be racially or culturally discriminatory (applies to procedures, instruments and materials listed in Components 6.2 through 6.4).

(a) Evaluation, assessment, and family information gathering materials, instruments, and procedures are administered in the parents' native language or other mode of communication unless it is clearly not feasible to do so.

(b) Procedural safeguards (see Component 10) related to evaluation, assessment, and family information gathering are explained and provided in writing to the family in their native language or other mode of communication unless it is clearly not feasible to do so.

(c) Procedures are employed to assure that evaluations and assessments administered with a child who may have a sensory, motor, speech, hearing, visual, or other communicative disability or to a child who is a member of a bilingual family, accurately reflects the child's ability in the area(s) evaluated/assessed and not the child's impaired communication skill or the fact the child is not skilled in English.

(d) Procedures are employed to assure that family information gathering with families who are bilingual, not skilled in English, hearing impaired, and/or visually impaired, accurately reflect the parents' concerns, priorities (needs), or wants and/or identification of strengths and resources (see Component 6.4).

(e) All evaluation, assessment, and family information gathering procedures, instruments, and materials that are used in Components 6.2 through 6.4 are selected and administered so as not to be racially or culturally discriminatory.

(f) The cultural differences of the child and family are taken into account in interpreting the evaluation, assessment, and/or family information gathering results.

6.8.2 No single evaluation procedure is used as the sole criterion for determining a child's eligibility for Part H services (see Components 6.2 and 6.3).

(a) Eligibility evaluation is designed to utilize a multidimensional approach, employing a variety of sources of information and evaluation procedures.

(b) A child can not fail to qualify for Part H services based on the results of a single source of evaluation information.

6.8.3 Evaluations, assessments, and family information gathering activities are conducted by qualified personnel (see Components 6.1 through 6.4 and 9).

7. INDIVIDUALIZED FAMILY SERVICE PLANS

7.1 General Assurances for the Individualized Family Service Plan (303.166; 303.340-.346)

7.1.1 The Developmental Disabilities Division (DDD) assures that an IFSP system is developed in accordance with 303.166, including:

(a) Evaluations, assessments, and information gathering related to IFSPs are conducted in accordance to Component 6 (303.341[a][1], .322 and .323);

(b) An IFSP is developed in accordance to timelines specified in Components 7.3 (45 days) and 7.3.3 (semi-annually) (303.341[a][2], .342[a], and .343[a]); and

(c) Support coordination (service coordination/case management) is provided to each eligible child and child's family in accordance with the definition of support coordination [see definition of terms section] (303.166 and .341[a][3]).

7.1.2 The DDD assures that an IFSP is in effect and implemented for each eligible child and the child's family in accordance to Component 7 (303.341[b]).

7.1.3 The DDD's IFSP procedures for developing, reviewing, and evaluating IFSPs are in accordance with Components 7.2, 7.3, 7.4, and 7.5 (303.340, .342, .343, .344, and .345).

7.1.4 The DDD is responsible for ensuring that the requirements of Component 7.1.4 are implemented by all appropriate State agencies and Child and Family Service Provider (CFSP) agencies (see Components 11 and 14). IFSP development, implementation, review, and evaluation services in accordance to the requirements of Component 7 are included in the contractual document with each CFSP agency.

The DDD will complete the following activities to ensure the implementation of the revised requirements of Component 7.

(a) All State agencies and Child and Family Service Provider (CFSP) agencies will have an opportunity for input to the DDD's Part H fifth year application, including the policies and procedures contained in the plan.

(b) The DDD's Part H fifth year application, including IFSP polices and procedures, will be revised according to feedback gathered during the period of public response and hearings.

(c) Part H IFSP policies and procedures will be distributed to: all appropriate State agencies, CFSP agencies, and professional organizations for the professional disciplines included in Part H.

(d) The DDD will conduct and/or arrange for educational workshops for CFSP agency personnel regarding: (1) revising internal policies and procedures in accordance to requirements of Component 7 and (2) locally/regionally implementing policies and procedures in accordance with the revised requirements of Component 7.

(e) The DDD will revise and maintain service agreements with other State agencies in accordance to appropriate requirements of Component 7 (see Component 14).

(f) The DDD will continue to provide and/or coordinate technical assistance related to ongoing implementation of the requirements of Component 7.

(g) The DDD will implement a monitoring system to ensure compliance with requirements of Component 7 by the CFSP agencies, including obtaining consumer evaluation feedback.

7.1.5 The "Individualized Family Service Plan" and "IFSP" mean a written plan for providing early intervention and support services to a child eligible for Part H services and the child's family. Each IFSP must meet the requirements of Component 7 (303.340) and must:

(a) Be jointly developed by the family, the family's Family Support Specialist, and other qualified personnel involved in the provision of early intervention and support services (Component 7.4, 303.342);

(b) Be based on the multidisciplinary evaluation and assessment of the child, and information gathering regarding the family's concerns, wants and priorities, and related strengths and resources in reference to their child's development as required in Component 6 (303.322);

(c) Include services necessary to enhance the development of the child and the capacity of the family to meet their identified special needs of the child; and

(d) The DDD ensures that an IFSP is developed and implemented for each eligible child under Part H. If there is a dispute between agencies as to who has responsibility for developing or implementing an IFSP, the DDD shall resolve the dispute, or assign responsibility.

7.1.6 In relationship to the child's/family's IFSP, the term "parent" means a parent, guardian, a person acting as parent of a child, or surrogate parent who has been appointed in accordance to Component 10. (303.405) However, the term does not include the State if the child is a ward of the State.

In addition, the term "family" means "two or more people [including at least one parent] who define themselves as a family and who, over time, assume those obligations to one another that are generally considered an essential component of family systems (p.8) (Hartman A. [1981, January]. The Family: A central focus for practice. Social Work, 7-13).

(Note: Parent includes persons acting in the place of a parent, such as a grandparent or stepparent with whom the child lives, as well as persons who are legally responsible for the child's welfare.)

7.1.7 The child's and family's Family Support Specialist is qualified and responsible for support coordination services related to monitoring the development, implementation, and evaluation of the child's/family's IFSP, including planning related to transition to preschool or other appropriate services when appropriate as defined in Component 7 (see definition of support coordination [support coordination includes service coordination/case management as described in 303.6]). Support coordination directly related to the IFSP is an active, ongoing process that involves:

(a) Assisting families of eligible children in gaining access to the early intervention, support, and other services identified in the individualized family service plan;

(b) Coordinating or assisting the family to coordinate, if they so choose, the provision of early intervention, support, and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;

(c) Continuously seeking or assisting the family in seeking, if they so choose, the appropriate supports, services, and situations necessary to benefit the development of each child being served for the duration of the child's eligibility;

(d) Facilitating and participating in the development, review, and evaluation of individualized family service plans; and

(e) Facilitating the development of a transition plan to pre-school services, if appropriate.

7.2 Individualized Family Service Plan Overview

The Individualized Family Service Plan (IFSP) is a written plan for providing supports and services related to outcomes which have been identified through a multidimensional assessment and information gathering process and determined by an eligible child's family as important to enhancing the care and development of their child and the capacity of the family to meet the specific support and service needs of their child.

7.2.1 The IFSP is a written plan which serves as an agreement between a family with an eligible child, the CFSP agency, and other service providers regarding the

supports and services the family identifies as important to enhancing the care and development of their child and the capacity of the family to meet the specific support and service needs of their child.

In addition, the IFSP document and process openly communicates support and service outcomes, objectives, and strategies across the IFSP team; assists in improving the results of supports and services by specifying outcomes, objectives, and services; serves as a basis for monitoring service delivery and impact of support and services; and meets legal requirements for the State and CFSP agency.

7.2.2 The IFSP is based on multidimensional child assessment and information gathering and family information gathering processes described in Component 6. These assessment and information gathering activities serve as the first step in the IFSP development process.

7.2.3 The IFSP is jointly developed by the family, FSS, and other IFSP team members (Component 7.4). Ultimately, the IFSP is the family's plan and they have the final authority regarding the specific content of the IFSP.

7.2.4 The IFSP process provides information important to the development of a comprehensive plan which includes: demographic information, support coordinators, transition plan, child development information, child and family service list, outcome statements, family strengths and resources related to outcomes, and objectives related to outcome statements.

7.2.5 Parental consent must be obtained prior to the provision of IFSP supports and services, thus, the contents of the IFSP must be fully explained to the parents and informed written consent from the parents shall be obtained prior to the provision of IFSP supports and services. If the parents do not provide such consent with respect to a particular IFSP support or service, then the IFSP supports and services to which such consent is obtained shall be provided.

7.2.6 The IFSP is dynamic and should be modified to reflect the current supports and services identified by the family as important for the care and development of their child.

7.3 IFSP Development Procedures

The child's and family's initial IFSP must be developed within 45 days after referral, reviewed on a regular basis, and

evaluated and revised every six months (except under certain circumstances). The IFSP is developed by the family, FSS, and other support and service providers/professionals through a process which starts with assessment and information gathering and is formally completed with the IFSP meeting (303.342).

7.3.1 For a child evaluated for the first time and determined eligible for Part H services, a meeting is conducted to develop the child's and family's initial IFSP within 45 calendar days after referral except in circumstances described in Component 6.6.2. Reasons for delaying the development of an IFSP must be documented in the child's and family's record.

7.3.2 The child's and family's IFSP must be reviewed by the family and FSS monthly or more frequently if conditions warrant or if the family requests a review. The review is documented in the child's and family's record and includes:

(a) Determination of progress made toward completion of implemented outcomes and objectives;

(b) Determination of need for modification, revision, adding, or dropping of outcomes and objectives;

(c) A meeting or other means (e.g., conference telephone call) acceptable to the family and other participants; and

(d) Determination of which IFSP team members should be informed by what means regarding any changes in the IFSP outcomes and objectives.

7.3.3 Each IFSP must be rewritten and evaluated every six months by the family, Family Support Specialist (FSS), and other IFSP team members (see Component 7.3.4). The family will evaluate the IFSP process and impact as described in Component 7.8. The FSS will update evaluation information on the child's and family's IFSP. For a child and family who will continue to be eligible for and receive Part H services, each section of the IFSP is updated and rewritten. The results of any specific assessment and information gathering procedures conducted under Component 6, (including incidental assessment and information gathering which occurs in the ongoing provision of support and services) or other pertinent information must be considered in the development of a new IFSP.

The IFSP six-month cycle may be adjusted under special circumstances and with the parents' concurrence.

Special circumstances include a different length time period to synchronize planning with another agency (e.g., preschool IEP planning meeting), unexpected family circumstances (e.g., health problem of one of the parents interferes with the six-month cycle), or child circumstances (e.g., unexpected health problem of child). Under no circumstances will the IFSP evaluation cycle be adjusted beyond a twelve-month period.

7.3.4 Participants in the meeting for development of the IFSP and periodic reviews include: parent(s); other family members; FSS advocate or child/family support person; support coordinator (other than family member or FSS which may be the individual who coordinated the initial evaluation); professional(s) involved in evaluation, assessment, and/or information gathering activities; and person(s) involved in providing support or services to the child or family (303.343).

Each child's and family's IFSP team is individualized to the particular circumstances of the child and the concerns, wants, priorities and resources of the family.

The family and FSS will discuss potential IFSP team members. IFSP team members may participate in the development of the IFSP even when they can not attend an IFSP meeting (see Component 7.4.5).

Beyond minimum participants required in 303.343, the family will have the final authority on deciding who will participate in the development of the IFSP and in IFSP meetings. Each child's and family's IFSP team is dynamic and membership will change according to the needs of the child and particular concerns of the family regarding their child's development and care.

7.3.5 The process of crafting the child's and family's IFSP is developmental and requires a partnership between family members, FSS, and other IFSP team members.

(a) Information is shared and exchanged between the IFSP team members (following appropriate procedural safeguards, see Component 10) to assist the family in making informed decisions regarding their IFSP processes (e.g., determining developmental status of their child, IFSP team membership) and IFSP content (e.g., expected outcomes of the supports and services).

(b) Information must be provided in the family's native language and/or by means of communication which the family can understand (i.e., understandable by the general public) (see Component 10).

(c) Families must be given opportunities to choose the role(s) they wish to play in the development of their IFSP, including what decisions (e.g., IFSP team membership) they want to make.

(d) A family's role(s) in developing their IFSP may change over time. Families must be given an opportunity to choose their role(s) with the development of each new IFSP.

(e) The strategies employed from the start of assessment and information gathering to the development of a completed IFSP must be individualized to meet the unique characteristics of each child and family, and reflect the choices each family makes regarding their concerns, wants and priorities related to supports and services for their child and family.

7.3.6 The FSS must obtain parental consent prior to the provision of IFSP supports and services.

(a) The FSS must fully explain the contents of the IFSP to the parents.

(b) The FSS must obtain informed written consent from the parents prior to the provision of IFSP supports and services.

(c) If the parents do not provide such consent with respect to a particular IFSP support or service, then the IFSP supports and services to which such consent is obtained shall be provided.

7.4 IFSP Team Meeting

The purpose of the IFSP team meeting is to combine the information collected during the IFSP development process into a comprehensive plan regarding supports and services identified by the family as important for the care and development of their child. The IFSP meeting provides an opportunity to determine and communicate with the IFSP team and service providers appropriate details of services and supports listed in the IFSP (see Component 7.3.4 for IFSP team membership)(303.343). The specific details to be covered in an IFSP meeting are jointly decided by the family and FSS.

7.4.1 The family and FSS will determine IFSP meeting settings and times which maximize the participation of all IFSP team members, especially family members.

7.4.2 The family and FSS will jointly determine the agenda for the IFSP meeting. (The family may feel that certain details of the IFSP are personal and should not be discussed with the whole IFSP team.)

7.4.3 The family and FSS will determine before the IFSP meeting how decisions will be made regarding the IFSP during the IFSP meeting. Ultimately, the family has the final authority regarding the content of their IFSP.

7.4.4 IFSP meeting agenda and arrangements must be communicated to IFSP team participants early enough before the meeting date to ensure that they will be able to participate.

7.4.5 If any IFSP team participant, including the person(s) involved in conducting evaluation and assessment activities is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including but not limited to:

(a) Participating in a telephone conference call;

(b) Participating in IFSP development prior to and/or after the IFSP meeting through telephone conferences, additional meetings, and sharing of prepared information (e.g., reports, recommendations);

(c) Having a knowledgeable authorized representative attend the meeting; and

(d) Making pertinent records and recommendations available at the meeting.

7.4.6 Some children may receive services which require a separate planning process and document similar to an IFSP. Whenever feasible, appropriate, and desired by the parent, a coordinated plan should be developed. Such a plan must meet the planning requirements for Part H services. It may be possible to develop a single consolidated document. Even if the development of a single document is not possible, the coordinated development of the individual plans and meetings should be explored.

7.5 Content of the IFSP

The IFSP is a written document which includes the following information: basic demographic information about the child, family, and other IFSP team members; identification of support coordinator(s); determination of whether or not transition is an issue; child developmental information; child and family service list; child and family outcome statements; statements of family strengths and resources related to each outcome statement; and objectives related to each outcome statement (303.344). The IFSP document is flexible and can be modified after implementation to reflect current family concerns regarding enhancing the care and development of their child and the capacity of the family to meet the specific needs of their child.

7.5.1 Demographic Information

(a) The minimum demographic information about the child and family includes:
Child's full name (including the name used to address the child);
Family name of the family with whom the child resides;
Address and phone number;
Birth date of child;
Sex of the child; and
IFSP review date.

(b) The minimum demographic information about the individuals who participated in the development of the IFSP includes:

Names of participants (including family members and people not present but who provided IFSP development input);
Relationship of each participant to the child or family (e.g., father, speech therapists).

7.5.2 Support (service) Coordinator(s)

Support coordinator(s) refers to the person(s) who will be responsible for coordination with other agencies and persons; and monitoring of the development, implementation and evaluation of the IFSP, and the supports, services, outcomes and objectives listed in the IFSP (see definition for support coordinators - service coordinator/case manager)(303.6 and .344[g] and Component 7.1.7). There may be more than one support coordinator, including family members, if they so desire. Depending on the needs of the situation and the desires of the family, the qualified support

coordinator assigned from the CFSP agency may be the individual appointed when the child was initially referred for evaluation, or a new support coordinator may be appointed (in most circumstances, the family's FSS). The IFSP document components regarding support coordinators include:

(a) Name(s) of the person(s) identified by the family (including family members, if they so desire) to serve as the support coordinator(s) (in most circumstances, the family's FSS).

(b) If there is more than one support coordinator identified (i.e., child's mother and family support specialist), the support coordinator would also be listed as one of the Responsible Person(s) (in the objective section of the IFSP) for those objectives which a specific support coordinator will monitor.

7.5.3 Transition

The components of the transition section of the IFSP include (303.344[h]):

(a) When the child will be or is involved in a major transition (movement into a new major service system for the child, such as a school program, or geographic move where major service providers change), such transition is noted on the child's IFSP; and

(b) A specific transition Outcome statement and related objective(s) is included in the IFSP. This Outcome statement and related objectives directly refer to a transition plan which includes:

(1) Steps to be taken to support the transition of the child to Part B of the Act preschool services (90 days prior to eligibility or placement for Part B services) or other services, as appropriate. These steps may include but are not limited to discussions about transitions with parents and other early intervention personnel (e.g., education personnel), and education and information for parents about future placement options and other matters related to transition (e.g., services for eligible children who turn three years of age during late spring or summer, financial

responsibilities, evaluations, IEP development, coordination and communication between all parties involved with transition, steps to assure an uninterrupted provision of appropriate services). In addition, the transition plan will identify the persons and/or agencies who are responsible for particular steps of the plan.

(2) Procedures to prepare the child for transition into new services, including steps to help the child adjust to and function in a new setting.

(3) With parental consent, the transmission of information about the child to the appropriate public school (90 days prior to eligibility or placement to Part B services) or service agency, including child evaluation and assessment information (see Component 6) and IFSPs (see Component 7).

7.5.4 Child Development Information

Child development information refers to a summary of assessment and information gathering results regarding the child's developmental (functional) status which is objective criteria. This information should be based on appropriate assessment information and professional clinical opinion (see Component 7).

(a) Child developmental information includes:

Physical (fine motor, gross motor, vision, and hearing) development;
Cognitive development;
Communication development:
Social or emotional development; Adaptive development; and
Source of developmental information (e.g., Early LAP assessment) and location of more detailed information (e.g., report in child's file).

(b) The statement regarding the child's development across these five domains can be approached in several ways, depending on what information is most important given the impact of the disabilities condition or developmental delay on the child and the family's choice of approach in recording developmental information. One or both

of the following two general approaches may be used to report this information:

A brief narrative description of the child's strengths and "support and developmental needs" across the five developmental domains; and/or

Listing across the five developmental domains of the child's level of development according to age level or range.

(c) In addition to the above listed areas, for certain children, a review of the following screening and/or assessment information may be appropriate:

Physical examination and health assessment (for individuals with seizures, this exam includes type of seizure disorder and blood-drug level examination),
Dental examination (including oral hygiene practices),
Nutritional screening,
Vision screening,
Auditory screening,
Psychological evaluation, and/or
Medication and immunization history.

7.5.5 Child and Family Services and Natural Environments List

Child and family services refers to a comprehensive list of services the child and family receives related to the child's developmental delay or disability and/or assisting the family in caring for their child (303.344[d]), including the natural environments where the services are provided. These services include the services identified in the child and family outcomes statements and related objectives (required Part H early intervention and family support services).

To the extent appropriate, the IFSP must include medical and other services (e.g., health services) that the child needs, but that are not required under Part H) which are not required to be addressed by the CFSP agencies but are part of a comprehensive system of services for a child and family. Listing of other services does not imply that the Provider must offer or purchase these services. With the approval of the parent, listing of these other services and the steps that will be undertaken to secure those services through public or private resources may be helpful for the family and Support Coordinator(s) in the provision

of family support coordination. The requirement to include medical and other services does not apply to routine medical services (e.g., immunizations and "well-baby" care), unless a child needs those services and they are not otherwise available or being provided.

The following information regarding the child and family service list is required:

(a) List of early intervention services;

(b) Frequency and intensity of services (including, as appropriate, the number of times per week/month, length of time per session, and/or whether the service is provided on an individual or group basis);

(c) The natural environments and locations where services are provided (e.g., home, day care center, clinic, etc.);

Note: Natural environments refers to a list of the natural settings in which the IFSP supports and services will be appropriately provided, including the home and community settings in which children without disabilities participate, such as: a family home, a child care setting, or a respite care provider's home.

(d) Method of service delivery (e.g., home visits with FSS, appointments with physical therapist at clinic, etc.);

(e) Projected dates for initiation of services (The initiation date for a service is as soon as possible after the IFSP is completed, assuming that it is appropriate to immediately initiate the service. For example, while child care services is identified by the family as a desired service since the mother plans to go back to work, the family does not want the child care to begin until the mother actually returns to work in three months.);

(f) Projected duration of services; and

(g) Payment arrangement (if appropriate).

(h) Name of support (service) coordinator (in most cases, a Family Support Specialist) from the profession most immediately relevant to the child's or family's

needs, or who is otherwise qualified to carry out all applicable responsibilities, who will be responsible for implementing the IFSP and coordinating with other agencies and persons.

(i) In meeting the requirement of (h) above, the CFSP agencies may assign the same support (service) coordinator to be responsible for the implementation of the IFSP who was appointed when the child was initially referred for evaluation, or the agency may appoint a new support coordinator.

(j) Steps to support the transition of the child (See Genereral Application Requirements, Section H) at age 3 to:

(i) preschool services under the IDEA to the extent they are appropriate, or
(ii) other services available, if appropriate.

(k) Steps to support the transition of children at age 3 include:

(i) discussions with and training of parents regarding future placement and other matters related to their child's transition;
(ii) procedures to prepare the child for changes in service delivery, including steps to help the child adjust and function in a new setting; and
(iii) with parental consent, the tranmittal of information about the child to the LEA to ensure continuity of services, including evalution and assessment information and IFSPs.

7.5.6 Child and Family Outcomes

Child and family outcomes may be long-term (more than six months). Outcomes are broad statements of what the family wants ("needs") for their child and themselves related to the supports and services they have identified as important (303.344[c]). Outcome statements reflect what the family wants in their own language - the way they talk about what they want. Outcomes are functional statements, including "what is to occur" and "what are the expected results." Outcomes reflect the service and support (needs) identified by the family as most important to be addressed in their IFSP. Each outcome may relate to one or more objectives but the outcome would not be written more than once on the IFSP. The following components guide the development of the content of an outcome:

(a) Outcomes are statements in the family's own language of what it is they want ("need") from supports and services for their child and themselves;

(b) Outcomes describe what is to occur (action, process);

(c) Outcomes describe what the expected results of supports and services will be (outcome, product);

(d) Outcomes are functional (practical) and measurable (outcome attainment can be determined) statements;

(e) Outcomes usually address long-term issues (six months or longer);

(f) Outcomes include timelines for projected service initiation, duration, and review dates; and

(g) Each outcome includes a measure of family satisfaction with the processes used to reach the outcome and results/impact of outcome.

7.5.7 Statement of Family Information

With the concurrence of the family, outcome statements must include the family's description of their resources, priorities and/or concerns related to enhancing the development of their child and the specific services and supports associated with outcome statements (303,344[b]). (By stating the resources the family has available through their support system or family and social support network, the family demonstrates "empowerment" to meet their concerns, wants and priorities.) The required information about family's includes:

(a) With the family's concurrence, a separate statement of the family's description of their resources, priorities and/or concerns related to each identified outcome, or

(b) With the family's concurrence, a statement of the family's description of their resources, priorities and/or concerns broad enough to relate to the outcome statements.

7.5.8 Objectives

The minimum components for the objectives section of the IFSP are:

(a) Each specific objective will reflect needs which have been identified for the child and/or their family in one or more of the service areas defined in the descriptors for family and children services.

(b) Each Outcome will have one or more directly related objective(s).

(c) Objectives for the IFSP will come from the following four service descriptors:

Child-focused education;
Family-focused education;
Resource and support; and
Family support (service) coordination.

(d) Child- and Family-focused educational objectives should be comprised of at least the following:
An outcome statement (see outcome section);
A behavioral objective including:
A description of the behavior;
Conditions under which behavior will occur;
Measurable criteria including consistency level over time;
Projected date of implementation;
Actual date of implementation;
Actual date of completion of the objective; and
Responsible parties.

(e) Objectives related to resource and support, and family support (service) coordination, should be comprised of at least the following:
A description of the task;
Criteria indicating completion of the task;
Projected date of implementation;
Actual date of implementation;
Actual date of completion of the objective; and
Responsible parties.

(f) Objectives should reflect individual behaviors or tasks that are not duplicated by other objectives in the same IFSP.

7.6 IFSP Parent Sign Off

Before the supports and services listed in an IFSP can be implemented, written parental consent must be obtained. The written parental consent indicates that the parent understands the nature of the supports and services to be provided and approves the implementation of those supports and services they have approved (303.401-404).

7.6.1 The FSS and other IFSP team members (when appropriate) will explain the nature of each service and support during the IFSP development process. When the IFSP document is completed, the parent will have an opportunity to review their copy and discuss or have explained any issues of question.

7.6.2 The parent may provide consent for all services and supports, only certain services and supports, or none of the services and supports. (Services and supports will be provided for those services for which written consent has been obtained.)

7.6.3 If the parent does not give consent for any services (none of the services and supports), the FSS shall make reasonable efforts to ensure that the parent:

(a) Is fully aware of the nature of the services and supports identified in their IFSP; and

(b) Understands that the child will not be able to receive Child and Family Services (Part H of the IDEA) unless consent is given.

7.7 Implementation of IFSP Services and Supports

Services and supports identified in the IFSP can be provided once the IFSP is completed and parental consent has been obtained (303.404).

Under certain circumstances, services and support may be provided before the completion of evaluation, assessment, and information gathering and/or completion of the IFSP, when parental consent is obtained, an interim IFSP is developed (including the name of the support [service] coordinator who will be responsible for implementation of the interim IFSP with other agencies and persons) and the early intervention services have been determined to be needed immediately by the child and the child's family. Even under such circumstances, steps are taken to ensure completion of the evaluation, assessment, and information gathering, and IFSP development within the 45 day time period (303.345).

The IFSP is a dynamic document which can be modified to reflect the child's and family's current concerns regarding the supports and services related to the child's development and enhancing the family's capacity to meet the specific needs of their child.

7.7.1 Services and supports identified in the IFSP can be initiated with the completion of the IFSP and approval of the parent through written consent. In cases where the parents only consent to certain services, those specific services shall be provided, even though other services were not approved by the parents.

7.7.2 In situations where the child and family have obvious immediate needs (e.g., newborn child with a severe disability), services and supports can be provided before the completion of evaluation (eligibility determination), assessment and information gathering, and/or IFSP development if the following conditions are met:

(a) Parental consent is obtained to provide interim services and supports (see Component 6.6);

(b) An interim IFSP is developed which identifies the specific services and supports to be provided in the interim before a full IFSP is developed, and a support coordinator(s) is identified (see Components 7.2 and 7.3); and

(c) Steps are taken to complete the evaluation, assessment and information gathering, and IFSP meeting and development within the 45 day time period.

7.7.3 Once the IFSP is implemented, it is dynamic and can be modified to reflect the child's current support and service needs and family's current concerns regarding the supports and services related to the child's development and enhancing the family's capacity to meet the specific needs of their child. IFSP content areas, including but not limited to, child and family outcomes (see Component 7.5.6), statements of family strengths (see Component 7.5.7), objectives (see Component 7.5.8), child and family service list (see Component 7.5.5), and transition (see Component 7.5.3) can be changed if the following conditions are met:

(a) Parent requests and/or approves of the IFSP modification;

(b) The IFSP modification is appropriately recorded in the child's/family's IFSP; and

(c) The reason for the modification is recorded in the child's file.

7.8 IFSP Evaluation

In addition to the monthly review and monitoring (see Component 7.3.2) of the IFSP, the IFSP implementation and results must be evaluated for each child and family with the completion of their IFSP six-month cycle (see Component 7.3.3) and child and family outcomes (see Component 7.5.6[f]) must be evaluated whenever an outcome is completed during the six-month cycle. The purpose of the evaluation is to allow the parent to provide feedback regarding the implementation of the services and supports related to the child and family outcomes and objectives identified in their IFSP. In addition, the evaluation provides an opportunity for the FSS to formally summarize the progress that has been made, and for the child and family continuing to receive services, the evaluation sets the occasion for developing a new IFSP. IFSP evaluation is part of the accountability requirements for the Provider (303.342[b][c])(see Component 15).

7.8.1 Parent must be provided an opportunity to evaluate the implementation and impact of their child's IFSP at the end of the IFSP six-month cycle, and implementation and impact of each child and family outcome when it is completed or at the six-month cycle evaluation if the outcome is to be continued. The evaluation process should be explained to the family during the IFSP development process. The parent should have time to evaluate the IFSP and child and family outcomes and not be expected to complete their evaluation at the first request (e.g., a parent may want to discuss the evaluation with their spouse).

7.8.2 At the end of the six-month IFSP cycle, the FSS will provide the parent with an opportunity to evaluate and provide feedback regarding the implementation of services and supports related to child and family outcomes and objectives identified on their IFSP. The evaluation will include determination of satisfaction with progress to date on completion of child and family outcomes.

7.8.3 As child and family outcomes are completed during the six-month IFSP cycle, the parent will evaluate the implementation and impact of each child and family outcome.

7.8.4 The FSS will formally review, summarize, and record progress made on the IFSP at the end of the six-month cycle for each child's and family's IFSP. Formal recording of progress refers to documenting child and

family outcomes and objectives. The review and summary provides an opportunity to share with the family and other IFSP team members, as appropriate, the progress that has been made and what modifications or additions to the IFSP and service implementation may be necessary. The review and summary is especially important for setting the foundation for the development of the new IFSP for a child and family.

7.8.5 The evaluation of the IFSP at six-month intervals provides the basis for program accountability between the Provider and the DDD. Information about each IFSP which was completed during a three-month quarter are summarized by the provider and sent to the DDD. The reliability of the reported information is randomly tested on a sample of the IFSPs on a periodic basis.

7.9 IFSP Early Intervention, Support, and Related Services

IFSP services are individualized for each child and family and may include the "core" early intervention and support services described in the definitions section for early intervention services (303.12) which are provided in accordance to service contracts (see Component 15) and interagency agreements (see Component 14) by qualified personnel (see Component 9). In addition, the IFSP may list other services which may not be mandated or covered by Part H but are important in reflecting a comprehensive plan for the child and family.

7.9.1 Early intervention services are provided in conformity with each child's and family's IFSP (see early intervention in definitions section) (303.12[3]).

7.9.2 Early intervention services, as appropriate to each child and family, must be provided in the types of natural settings in which infants and toddlers without disabilities would participate.

7.9.3 Early intervention services include "health services" in accordance to the definition of health services (see health services in the definition section) (303.13). Health services refers to services necessary to enable a child to benefit from other early intervention services under Part H during the time that the child is receiving other early intervention services.

7.9.4 Early intervention services include "transportation" in accordance to the definition of transportation services (see transportation in the definitions section) (303.23). Transportation services include cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and related costs (e.g., tolls and parking expenses) that are necessary to enable a

child eligible for Part H services and the child's family to receive Part H early intervention services.

7.9.5 Each agency or professional who has a direct role in the provision of early intervention services and supports is responsible for making a good faith effort to assist each eligible child and their family in achieving the outcomes in the child's and family's IFSP. However, Part H of the Act does not require that any agency or person be held accountable if an eligible child does not achieve the development projected in the child's IFSP.

8. COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT (CSPD-H)

8.1 Part H Comprehensive System of Personnel Development

8.1.1 The DDD has selected to adopt Montana's Comprehensive System of Personnel Development (CSPD-B) contained in the Fiscal Years 1990-1992 State Plan: Under Part B of the Individuals with Disabilities Education Act as Amended, which was developed by Montana's Office of Public Instruction (State Lead Agency for Part B). CSPD-H includes additions to CSPD-B in the following Components in order to clearly reflect requirements of 303.360 (see Component 8.3):

Participatory Planning (Input and Implementation);
Needs Assessment;
Inservice;
Preservice; and
Dissemination and Adoption.

The CSPD-H is directly linked to Montana's Part H Personnel Standards. The Part H Personnel Standards include the refinement and maintenance of a certification processes for Family Support Specialist (FSS, a multidisciplinary early intervention position which has been the central professional position in delivering Child and Family Support Services on a statewide basis since 1977), Intake Specialist (the person responsible for support coordination activities associated with initial referral and eligibility determination activities), and Family Support Specialist Assistant (FSSA, a paraprofessional position responsible for providing limited early intervention services under the supervision of a FSS to a specific ethnic/cultural populations (e.g. Native American Indians living on a reservation) where it is difficult to recruit qualified early intervention personnel of the same specific ethnic/cultural characteristics of the population to be served). The Family Support

Service Advisory Council endorsed the titles Family Support Specialist, Intake Specialist and Family Support Service Assistant. Further, these positions exist only in the Child and Family Service Provider agencies that are directly providing Part H services through contracts with DDD.)

The CSPD-H directly relates to preservice and inservice educational activities for early intervention professional service providers identified in Part H (see definition section for early intervention Part H Services), including: family support specialist, special educators, speech and language pathologists, audiologists, occupational therapists, pediatricians and other physicians, physical therapists, psychologists, social workers, nurses, nutritionists, orientation and mobility specialists, and family therapists. In addition, educational opportunities will be made available to other professionals (Family Support Specialist Assistants and Intake Specialists), and/or paraprofessionals (e.g., primary referral source personnel, child care providers) who provide direct or related early intervention services.

8.1.2 The CSPD-B is included in Appendix K of this document and the CSPD-H additions are included in Component 8.3 of this document.

8.1.3 In order to assure coordination between the CSPDs for H and B, the Chairperson for CSPD-H is also a member of the CSPD-B.

8.2 CSPD-H Assurances (303.360)

The DDD assures the implementation of the CSPD-H in accordance with Montana's CSPD-B (300.380 through 300.387) and the additions for CSPD-H (303.360) listed in Component 8.3. The CSPD-H will:

8.2.1 Provide for preservice and inservice training to be conducted on an interdisciplinary basis when appropriate.

8.2.2 Provide for the training of a variety of personnel needed to meet the requirements of Part H, including public and private providers, primary referral sources, paraprofessionals, and persons who will serve as support coordinators (see support coordinator, intake specialist, FSS and FSSA in the definitions section).

8.2.3 The early intervention education activities will relate specifically to:

(a) Understanding the basic components of early intervention services available in the state, including Part H service referral processes;

(b) Meeting the interrelated social or emotional, health, developmental, and educational needs of eligible children under this part;

(c) Assisting families in enhancing the development of their children and participating fully in the development and implementation of IFSPs; and, as appropriate,

(d) Information about coordinating transition services from the CFSP early intervention service program (Part H services) to preschool services (Section 619 of Part B services).

8.2.4 The early intervention education activities may also relate to:

(a) Implementing innovative strategies and activities for recruitment and retention of early intervention service providers,

(b) Promoting the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services under Part H, and

(c) Training personnel to work in rural areas, including working with specific populations.

8.3 Additions to CSPD-B for CSPD-H

Montana's Office of Public Instruction's CSPD-B will serve as the foundation for the DDD's CSPD-H. In order to reflect the planning for and the scope of educational opportunities and activities which will be available for personnel involved in primary referral and early intervention professionals and paraprofessionals, the CSPD-B has been modified. These modifications are primarily additions to the CSPD-B which will strengthen the early intervention and family-centered focus for the CSPD-H. For instance, the CSPD-H must address the educational needs of Family Support Specialists, Intake Specialists and other professional and paraprofessional service providers (e.g., FSSA, primary referral source personnel) who do not provide the school-based services directly addressed in the CSPD-B. In addition, the focus of CSPD-H training may emphasize the delivery of home- and community-based services in addition to school-based services contained in the CSPD-B. Further, the focus of the CSPD-H

will address topics primarily related to Part H early intervention services which reflect the unique characteristics of infants/toddlers with disabilities and families.

The following Components are additions to the same-titled sections of the CSPD-B in Appendix K.

8.3.1 Participatory Planning

Participatory planning in preparing for the CSPD-H has included the involvement of other planning and service personnel, programs, and councils in addition to the 11 groups referenced in the CSPD-B, including:

(a) Child and Family Service Provider (CFSP) Planning Panel. This group generally meets once every six to eight weeks. The group is comprised of personnel from each of the Child and Family Service Provider agencies, the DDD state and area offices, the Montana University Affiliated Program (which has federally-supported early intervention grant projects), and other organizations as appropriate (e.g., Parents Let's Unite for Kids). The CFSP Planning Panel works pro-actively to make program modifications and problem-solve situations directly related to Child and Family Services supported by the DDD. In the last two years, the CFSP Planning Panel has focused on reevaluating the role and scope of Child and Family Services in Montana, including a recommitment to a family-centered service orientation and a strong commitment to meeting the challenges of embedding the Part H requirements into Montana's current early intervention and family support service systems. Some of these activities include identifying personnel development needs of the CFSP personnel.

(b) Family Support Service Advisory Council's Committee on CSPD and Personnel Standards for Part H (CSPD-H Committee). This group was formed during the second year of Montana's participation in Part H. The committee is comprised of Family Support Service Advisory Council members, including representatives from two institutions of higher education which have responsibility for educating special education and human service personnel, and one member from outside the Council which also represents an institution of higher education in Montana primarily responsible for special education teacher training. The CSPD-H Committee is

responsible for the long-term Part H personnel development needs in Montana. This Committee makes recommendations and develops plans regarding preservice and inservice education activities for Part H personnel development.

During the extended fourth year of Montana's participation with Part H implementation, the CSPD-H has broadened participatory planning efforts to formally include input from state chapters of professional organizations (e.g., American Physical Therapy Association) in CSPD-H planning and implementation. Their input will continue to be requested in a variety of areas, including, early intervention and family-centered preservice and inservice training needs of specific professional groups, identification of training needs across disciplines, and sharing opportunities for cross disciplinary training. To this point, representatives from such organizations have attended Family Support Service Advisory Council meetings and reviewed Part H annual plans.

8.3.2 Needs Assessment

In addition to the assessment of personnel development identified in the CSPD-B, the CSPD-H includes personnel and program development information from five additional sources.

(a) The DDD conducts an annual survey of the Child and Family Service Provider agencies to seek input regarding topics and presenters for the annual Montana Conference on Developmental Disabilities. Even though the conference is designed to address broad issues related to developmental disabilities, a portion of each conference specifically focuses on early intervention and supporting families. The personnel of each CFSP agency meet to determine their priority training needs related to the conference and submit a list of topics and presenters to the Steering Committee for the conference.

(b) The Family Support Service Evaluation Project at the Montana University Affiliated Rural Institute on Disabilities conducted interviews with a random sample of Family Support Specialists and facilitated a mailed survey with these early intervention professionals to obtain information about the provision of child and family services

and methods and topics of orientation and training. The results of the interviews and survey will continue to be used to determine training needs as well as child and family service program needs. A copy of the survey tool is included in Appendix L.

(c) The Family Support Service Enhancement Project at the Montana University Affiliated Rural Institute on Disabilities conducted an analysis of the DDD supported Evaluation and Diagnostic (ED) services provided across the state through three agencies. The primary purpose of this project was to gather information about the kinds of evaluation services provided and how these services are provided, especially in relationship to child and family assessment related to IFSP program planning. Information was gathered from ED administrators, ED professionals, parent consumers, and professional consumers (e.g., professionals who serve the child and/or family but are not permanent members of the ED team. The findings of this project continues to have direct implications for personnel development in order to implement the Part H program.

(d) The Montana University Affiliated Rural Institute on Disabilities conducts an annual Early Intervention Summer Institute designed for early intervention professionals. Each year the Institute focuses on a primary early intervention topic. The primary topic is determined through a survey of the CFSP agencies and consultation with the DDD and the Office of Public Instruction. During the summer of 1992, the Institute focues on best practice in IFSP development and family-centered service delivery.

(e) The Family Support Service Advisory Council, DDD, and Montana University Affiliated Rural Institute on Disabilities have conducted surveys (see Appendix M) with the CFSP agencies to determine the necessary competencies for Family Support Specialists. The referenced survey included 134 competencies which were derived from two primary sources. One source was the list of competencies for early intervention professionals developed by the State Plan Grant at Eastern Montana College in 1986. The second source of competencies was the Division of Early Childhood's white paper on "Recommendations for Certification of Early Childhood Special Educators" (McCollum, McLean, McCarten, & Kaiser, 1989). Each CFSP agency

convened a committee including supervisory and direct service personnel to select minimum competencies for the Family Support Specialist and Family Support Specialist Assistant positions. In addition to developing minimum competencies for the Family Support Specialist and Assistant positions, these competencies are being used to develop/obtain training materials and plan for education opportunities for preservice and inservice training.

(f) In February, 1991, during preparation for development of a model inservice training proposal, personnel from the Rural Institute conducted a survey of training wants/needs with the Family Support Specialists (FSS) currently employed within the seven Child and Family Service Provider agencies. The purpose of the survey was to identify the FSSs' priorities for additional training related to the proposed competencies (FSS personnel standards) required for certification. Eighty-three percent of the FSSs returned the questionnaire. More than half of the respondents indicated that they desired additional training on various specific skills related to typical and atypical child development, parents and families, child information gathering/assessment, family information gathering, program planning, program implementation, and community service delivery. Additional detail regarding survey results and the specific skills about which FSSs indicated they would like further training is utilized in planning upcoming summer institutes and other inservice and pre-service training events. Thus, information about personnel and program development needs from a variety of sources was used to enhance the CSPD-B. The content areas in which personnel development, especially for Family Support Specialist, Intake Specialist, Family Support Specialist Assistant and other CFSP staff, is needed include: multidimensional assessment of infants and toddlers related to IFSP development; non-intrusive methods of gathering information from families regarding their strengths, capabilities, and resources; family systems information, especially related to Native Americans; IFSP requirements and procedures; methods for educating individuals from other agencies regarding IFSP and family-centered practices; transagency IFSP development and implementation; methods of providing support coordination related to the IFSP; methods for

supporting family members who choose to be their own support coordinator; developing and implementing stimulation and developmental programs into the child's and family's normal routines; serving infants/toddlers with profound or severe disabilities or health conditions; methods for seeking family input on evaluating the implementation of their IFSP; transition planning; and utilizing informal resources to support the implementation of the IFSP.

Further, the Family Support Service Advisory Council's CSPD-H Committee will be developing plans to coordinate training opportunities, influence the delivery of personnel development to meet the competencies identified for Family Support Specialist, Family Support Specialist Assistant and Intake Specialist, and expand input regarding personnel development needs of early intervention professionals who may not be directly employed by CFSP agencies (e.g., private practice occupational therapists). The primary focus of training related to Part H implementation will be to provide educational opportunities designed to enable early intervention professionals working in CFSP agencies and persons preparing for those professions to meet the DDD's certification requirements for the Family Support Specialist/Intake Specialist and Family Support Specialist Assistant position.

8.3.3 Inservice

To augment the inservice personnel development activities described in the CSPD-B for early intervention professionals, several additional points need to be highlighted for CSPD-H.

(a) There has been very good cooperation between the Part B Personnel Preparation grant coordinator, the Coordinator of the Title VI-C Deaf Blind project, Part B Coordinator, the DDD, CFSP agencies, and Montana colleges and universities in matching resources to support and coordinate inservice personnel development. This has resulted in the identification of topics (e.g., transition) of mutual interest and applicability for personnel from a variety of early intervention agencies, organizations, and schools. Further, it has fostered

interdisciplinary training across a full range of early intervention professionals and paraprofessionals.

(b) The CSPD-B inservice section pointed out the extensive involvement of local personnel in the planning and implementation of inservice activities. Local schools and cooperative special education districts have included CFSP early intervention professionals and other early intervention professionals in inservice activities concerning topics of mutual interest (e.g., child-find, transition, interagency planning for individual children). Further, CFSP agencies plan and implement ongoing personnel development activities for their staff, and when appropriate, professionals from other agencies and schools.

(c) Innovative methods are utilized to build inservice training into program or project development activities. Often, systems innovation and program development require personnel to learn and apply new skills. One incentive to elicit cooperation of personnel and their application of new technologies is to emphasize the personnel development features of their involvement, including the offering of university and college credits. This has been accomplished with several model programs in Montana. In addition, personnel development activities have been utilized as the catalyst for promoting system change in more generic early childhood programs. For instance, to promote serving young children with disabilities in child care settings, inservice training has been used as an incentive for the involvement of child care providers. Specifically, the Montana State University Extension Services has developed a self-paced child care provider training program which is available through their local County Extension Agents. The Extension service is working with a model demonstration project to expand their child care training materials to include information about serving young children with disabilities. This is also an example of utilizing existing and appropriate resources within a rural state.

(d) Inservice personnel development activities not only target CFSP agency personnel, but also aim at providing inservice training activities for early intervention and community-based service

professionals (see Component 9), paraprofessionals, and primary referral personnel. (A specific example of inservice training aimed at related service professionals is the Montana Project for Children with Health Care Needs at the Department of Health and Environmental Sciences. This project provides model inservice training for community health nurses to provide family-centered health and service coordination services in rural areas, and incorporates awareness and referral training for providers who encounter families of infants and toddlers with special needs).

(e) As noted in Component 8.3.2, a primary focus for inservice training during the fifth year of Part H implementation will be to continue to provide educational opportunities designed to enable early intervention professionals working in CFSP agencies to meet certification requirements for the Family Support Specialist and Family Support Specialist Assistant positions.

(f) Project CLASS (Cooperative Learning: Acquiring Specialized Skills) is a federally funded model inservice training project which will be implemented in cooperation with DDD/SRS and Montana's seven independent Child and Family Service Providers. The project is a linked model that utilizes a "train the trainer" approach to provide inservice training for Family Support Specialists and Assistant (as appropriate) regarding the early intervention competencies needed to provide and coordinate services for infants and toddlers with disabilities and their families. The project utilizes competency-based training materials, cooperative learning instructional methods, and peer coaching to enhance Family Support Specialists early intervention competencies.

During the first project year, project staff are training Learning Facilitators from each of the Child and Family Service Provider agencies regarding cooperative learning methods and peer coaching, as well as developing the competency-based training materials. During the second project year, the Learning Facilitator, with technical assistance from project staff, will establish cooperative learning teams comprised of 3-5 FSSs within each agency. They will utilize the cooperative learning methods, peer coaching,

and the training materials to promote the FSSs' and FSSAs' acquisition of early intervention competencies identified through an individualized planning process with the FSSs. During the third project year, additional cooperative learning teams will be established within each CFSP agency. The Learning Facilitator again will utilize cooperative learning methods, peer coaching, and the training materials to address the individualized training needs of additional FSSs and FSSAs' within their respective agencies. In addition, the FSSs from the first cooperative learning team will function as peer coaches for the FSSs and FSSAs who are members of the second cooperative learning team. Throughout the lifespan of the project, Project CLASS training will be directly linked to Montana's certification of FSSs' and FSSAs' and to academic training. As a result of implementing Project CLASS, the CFSP agencies in Montana will establish an ongoing, self-sustaining system to support personnel development of current and new employees as the statewide system continues to move forward with full certification of FSSs and FSSAs.

(g) The Individualized Training and Technical Assistance Project (ITTAP) will continue to develop training materials and training opportunities for primary referral personnel regarding appropriate sections of Part H services and practices (e.g., identification and referral). In addition, the ITTAP project will support inservice training for primary referral sources through the provision of seminar and workshop sessions at professional organization conferences and meetings around the state. ITTAP, in coordination with CLASS, EIS, REIT and similar projects, continues to provide and/or cooperate with other educational opportunities for CFSPs and other early intervention personnel.

(h) All of the CFSP agencies have developed brochures and informative materials which alert primary referral sources to the existence and nature of early intervention services available in Montana. Appendix T includes samples of these awareness and training materials.

(h) In addition to the systems-wide early intervention training, each CFSP agency has their own orientation and inservice training programs for their personnel, including FSSs, Intake

Specialists and FSSAs (where appropriate). These training programs include the basic early intervention information specified in Components 8.2.3 and 8.2.4.

8.3.4 Preservice

In addition to the preservice section described in the CSPD-B, further information is needed for a more complete description of CSPD-H. Table 1 provides information related to preservice training in early intervention disciplines specified in Part H, including a list of public and private colleges and universities in Montana, and a list of Part H disciplines, and an indication of availability or level of degree offered by each college or university according to Part H discipline. Montana colleges and universities grant degrees which allow individuals to practice their profession in the following disciplines: special education, physical therapy, nursing, nutrition, psychology, and social work. However, as of the 1992-1993 academic year, universities and colleges in Montana do not grant degrees in occupational therapy, speech and language pathology/audiology, or medicine.

(a) With support from the U.S. Department of Education, The University of Montana and the Montana University Affiliated Rural Institute on Disabilities (Rural Institute) have recently established an interdisciplinary program to provide early intervention education to individuals from human service and education disciplines. The Early Intervention Specialty (EIS) Program is offered in cooperation with the University of Montana's Masters of Interdisciplinary Studies and Human and Family Development programs. Students may enroll in one of two tracks leading either to an early intervention specialist certification (Family Support Specialist certification outlined in Component 9) or the certification and a Masters of Interdisciplinary Masters degree. This program targets students enrolled in disciplines of education, special education, psychology, social work, physical therapy, and nursing, as well as graduates of such programs interested in furthering their education. The core of the EIS curriculum includes six interdisciplinary courses covering a variety of topics from infant development to working in transdisciplinary teams and a full quarter practicum. These courses and practicum are designed to be competency based, utilizing the competencies for Family Support

Specialist as a foundation. The EIS program is enthusiastically supported by the DDD, the Family Support Service Advisory Council, the CFSP agencies, and other agencies, organizations, and State departments.

In addition, the Rural Institute has recently been awarded a grant for a project, the Rural Early Intervention Training (REIT) Program, to continue the EIS at the University of Montana, with a specific focus on recruiting Native American students. Further, the REIT Program will offer the EIS courses through distance-learning methods to state-wide locations, including the communities where the CFSP agencies are located. Thus, FSSs', FSSAs', Intake Specialists and other people interested in early intervention education will have the opportunity in their own communities to take a series of early intervention courses directly related to meeting FSS and FSSA certification requirements.

(b) The DDD and Family Support Service Advisory Council will continue to share the Family Support Specialist competencies and other appropriate needs assessment information with human service and education programs in all of Montana's colleges and universities. In addition, the DDD and the Council will advocate that human service and education programs include education related to these competencies in appropriate course offerings. Further, the DDD and the Council will advocate strongly for expanding the number of professional programs which currently are not provided in Montana (e.g., occupational therapy) as well as lend support to those professional programs currently in place (e.g., special education).

(c) Montana is experiencing a need for additional personnel to serve young children with disabilities and their families. In addition to the steps described above and listed in the CSPD-B, the DDD and Family Support Service Advisory Council will investigate ways to attract individuals into the field of early intervention.

8.3.5 Dissemination and Adoption

To augment the dissemination and adoption activities described in the CSPD-B for early intervention professionals, several additional points need to be

highlighted for CSPD-H. The DDD resources for dissemination of materials related to early intervention and family-centered services include, in addition to those listed in the CSPD-B:

(a) The DDD's Training and Resource Information Center (TRIC) serves the same function as the Office of Public Instruction's educational materials and equipment library. TRIC's holdings primarily include topics on information about developmental disabilities, services, and prevention from birth through senior citizens. This library includes materials on early intervention, young children with disabilities, and family-centered services. TRIC also serves as a link to all other public library systems (e.g., State Library, university libraries, and interloan libraries outside of Montana). The DDD and TRIC utilize a system similar to the one described in the CSPD-B through which employees review and select new materials.

(b) Parents Let's Unite for Kids (PLUK) is a statewide parent organization which provides information, referrals, support, and parent education services through a central program and several directly affiliated regional programs (see Component 2). PLUK is operated by parents who have children with disabilities. Their services are not just limited to parents and families. PLUK also serves as a valuable information resource for primary referral sources and early intervention professionals, especially as the information relates to parent, family, and sibling issues: parent rights; support groups; due process and other procedural safeguards; and parent education and related materials.

(c) Local CFSP agencies also have modest libraries which include best practice early intervention materials. These libraries are supported through the DDD's contracts with the CFSP agencies. These materials are used for personnel orientation, inservice training, reference, and parent education.

(d) The DDD supports and coordinates the provision of training and technical assistance services for CFSP agency personnel and other early intervention professionals. The DDD is involved in the inservice training described in Component 8.3.3. In addition, the DDD helps coordinate technical assistance designed to assist in

implementing new or augmented services and training related to those efforts. As an example, the CFSP Planning Panel serves as a forum to provide information and education regarding implementing Part H services within the CFSP agencies. The cooperation between CFSP agencies, which serve as the foundation for local Part H services, and the DDD in working towards mutual goals is a tangible strength of Montana's ability to respond to the needs of young children with disabilities and their families.

9. PERSONNEL STANDARDS

9.1 Montana Policies for Early Intervention Personnel Standards

The DDD assures that entry level requirements for early intervention professionals providing Part H early intervention services meet Montana's highest established certification or licensing standards for their individual occupations in accordance to 303.19 and 303.361.

9.1.1 The following personnel must meet State Board of Occupational Licensing's highest requirements for each entry level position in order to provide Part H early intervention services to Part H eligible children and their families under Part H.

Audiologist
Speech/Language Pathologist
Physical Therapist
Occupational Therapist
Psychologist/Family Therapist
Nurse
Nutritionist
Physician/Pediatrician
Social Worker
Mobility Training Specialist

9.1.2 The following personnel must meet the Office of Public Instruction's (State Education Agency) highest certification requirements for each entry level position in order to provide Part H early intervention services to Part H eligible children and their families under Part H.

Special Education Teacher
School Psychologist
Adaptive Physical Education Teacher
Special Education Supervisor

9.1.3 New Family Support Specialist must be certified by the DDD at having met the provisional certification requirements for early intervention specialist employed in Child and Family Service Provider (CFSP) agencies in order to provide Part H early intervention services, including support coordination (service coordination/case management, 303.6) (see definitions section, support coordination), to Part H eligible children and their families under Part H (see Component 9.2.2). If a new Family Support Specialist chooses, she or he may immediately apply for full certification (e.g., a person who has previous experience and education that covers the required competencies for full certification). (See Note after Component 9.1.5)

After or within two years of provisional certification, a Family Support Specialist must meet the DDD full certification requirements for early intervention specialist employed in Child and Family Service Provider (CFSP) agencies in order to continue to provide Part H early intervention services, including support coordination (service coordination/case management, 303.6) (see definitions section, support coordination), to Part H eligible children and their families under Part H (see Component 9.2.2).

9.1.4 Intake Specialist (e.g., evaluation coordinator, see Component 6.3) must meet the DDD provisional certification requirements for early intervention specialist employed in the Child and Family Service Provider (CFSP) agencies in order to provide Part H early intervention services, including support coordination (service coordination/case management, 303.6) (see definitions section, support coordination), to Part H eligible children and their families under Part H (see component 9.2.2). If a new Intake Specialist chooses, she or he may immediately apply for full certification (e.g., a person who has previous experience and education that covers the required competencies for full certification). In some CFSP agencies, the functions of the Intake Specialist position may be completed by a FSS. However, in other CFSP agencies, the Intake Specialist position limits their activities only to assisting entry into the program and eligibility determination, thus their involvement with children and families may not cover all the Part H early intervention services provided by the CFSP agency. (See Note after Component 9.1.5)

After or within two years of provisional certification, Intake Specialist (e.g., evaluation coordinator, see Component 6.3) must meet the DDD full certification requirements for early intervention specialist employed

in the Child and Family Service Provider (CFSP) agencies in order to provide Part H early intervention services, including support coordination (service coordination/case management, 303.6) (see definitions section, support coordination), to Part H eligible children and their families under Part H (see component 9.2.2).

9.1.5 Family Support Specialist Assistant must meet the DDD provisional certification requirements for early intervention assistants employed in Child and Family Service Provider (CFSP) agencies in order to provide Part H early intervention services, including support coordination (case management, 303.6) (see definitions section, support coordination), under the supervision of a Family Support Specialist, to Part H eligible children and their families under Part H (see Component 9.2.4). (See Note after Component 9.1.5)

After or within two years, Family Support Specialist Assistant must meet the DDD full certification requirements for early intervention assistants employed in Child and Family Service Provider (CFSP) agencies in order to provide Part H early intervention services, including support coordination (case management, 303.6) (see definitions section, support coordination), under the supervision of a Family Support Specialist, to Part H eligible children and their families under Part H (see Component 9.2.4).

(Note: The Montana CFSP/early intervention system has had an historic problem in recruiting personnel who can meet full certification requirements, especially in certain areas. Further, there is only one university program in Montana which provides early intervention education and the number of their graduates who are interested in the CFSP early intervention positions is not sufficient to meet the needs for personnel meeting full certification requirements or the graduates are not available at the time a position needs to be filled. Thus, though Montana will have permanent certification standards for these personnel, there is likely to be an ongoing need for a provisional certification system.)

9.2 Steps to Re-train and Maintain Personnel to Meet Appropriate Professional Requirements

9.2.1 In 1990, the DDD reviewed the entry level requirements which apply to early intervention professional occupations (see Component 9.1 and the definitions section, early intervention services and professionals)

which are responsible for providing Part H early intervention services to eligible children and their families to assure that these professionals meet the highest licensing or certification requirements in Montana. The DDD reviewed professional requirements with Montana's State Board of Occupational Licensing for the occupations listed in Component 9.1.1 and the Office of Public Instruction for occupations listed in Component 9.1.2. The requirements for the occupations listed in Components 9.1.1 and 9.1.2 are the highest standards for those entry level positions in Montana. In identifying the state's highest requirements, the requirements of all state statutes and rules of all state agencies applicable to services to children and families were considered.

9.2.2 Prior to 1990, the early intervention position of Family Support Specialist with the CFSP agencies on contract with the DDD did not have applicable standards or certification/licensing requirements. The DDD has initiated a two-step certification process for the Family Support Specialist profession. The first step of the certification process requires an individual to obtain a Family Support Specialist Provisional Certification. This certification is contingent on the individual completing an application process which describes their academic credentials (including verification), experience in serving young children with disabilities and their families, and letters of verification regarding their relevant experience. Individuals issued a Provisional Certification have two years to meet the requirements for the second step which will result in full Family Support Specialist Certification. The full Family Support Specialist Certification step is competency-based, utilizing the Family Support Services competencies which were referred to in Component 8.3.2. (including support coordinator competencies; see definitions section, support coordination). Individuals seeking full Family Support Specialist Certification are required to pass an examination and interview/role play process directly based on the Family Support Specialist competencies. (See Note after Component 9.1.5)

9.2.3 Prior to 1990, the early intervention position of Intake Specialist with the CFSP agencies on contract with the DDD did not have applicable standards or certification/licensing requirements. The DDD has initiated a two step process for the Family Support Specialist profession (see component 9.2.2). Even though the Intake Specialist is primarily associated with activities related to assisting families through the referral process for CFSP agency services, the

qualifications, skills and competencies necessary for the Intake Specialist position closely match those of the Family Support Specialist. Hence, the DDD will require Intake Specialist to meet the same certification standards as Family Support Specialist (see component 9.2.2 and 9.2.6). (See Note after Component 9.1.5)

9.2.4 Prior to 1992, the early intervention assistant position of Family Support Specialist Assistant with the CFSP agencies on contract with the DDD did not exist and did not have applicable standards or certification/licensing requirements. The DDD has initiated the first step of a two step process for the Family Support Specialist Assistant profession. This certification process for Family Support Specialist Assistant is based on requirements for the Family Support Specialist certification (see component 9.2.2). Family Support Specialist Assistants provide Part H early intervention services to eligible children and families under the direct supervision of Family Support Specialists. Even though the Family Support Specialist Assistant is associated with many of the same early intervention activities of the Family Support Specialist, they are not required to meet the same certification requirements, since they will not provide services independent of a supervising Family Support Specialist. Hence, the DDD will require Family Support Specialist Assistants to have skills and competencies in the same early intervention categories (e.g., child assessment, IFSP planning, support coordination, procedural safeguards) as Family Support Specialist, but not at the advanced levels required for Family Support Specialists. (See Note after Component 9.1.5)

(NOTE: The Family Support Specialist Assistant (FSSA) position is being developed to meet the personnel needs for serving Native American families who live on reservations in Montana. Historically, CFSP agencies have been unable to recruit Native Americans with appropriate Family Support Specialist qualifications for either provisional or full certification. However, it is difficult for FSSs who are not Native Americans to be effective service providers on reservations. When these same FSSs are working in conjunction with Native Americans who work in some human, educational or health service capacity on Montana's reservations, the FSSs are more effective in providing early intervention services. Unfortunately, there are not enough positions filled by Native Americans in these fields, nor do the ones employed in those fields have enough time and support (or responsibility) to assist in the provision of early intervention services. Hence, the

FSSA position is designed to allow CFSP agencies to directly recruit Native Americans to work solely in the capacity of early intervention assistant.)

9.2.5 A report entitled, Montana's Personnel Standards for Part H of the IDEA, (Appendix N), includes information regarding the status of Montana standards and highest requirements for Part H early intervention professions. In identifying the state's highest requirements, the requirements of all state statutes and rules of all state agencies applicable to services to children and families were considered. This report is on file in the Part H Coordinator's office, Department of Social and Rehabilitation Services, DDD, 111 Sanders, Helena, Montana, and is available for public review.

9.2.6 The Family Support Specialist (FSS) certification process is new for Montana's Part H service system. The FSS certification requirements and processes apply to both Family Support Specialist and Intake Specialist due to their responsibilities associated with Part H services, specifically, evaluation, assessment, IFSP processes, and procedural safeguards. The certification process involves two steps: first, the issuance of Provisional FSS Certification for a time period not greater than two years, and second, a competency-based assessment process for issuance of full FSS Certification (see Components 9.1.3 and 9.2.2). The DDD will require CFSP agencies which employ FSS early intervention personnel to assure that all Provisionally Certified FSS meet the full FSS Certification requirements within a two-year time period from their employment. The personnel affected by the FSS certification requirements are all employed by CFSP agencies. There are seven CFSP agencies which contract with the DDD to provide state-wide Part H early intervention services. The CFSP agencies and FSS have been involved in the development of the FSS Certification requirements (e.g., FSS competencies) and processes (see Component 8.3). Hence, these retraining and hiring steps have been established with the assistance of the agencies and personnel required to comply with the FSS Certification requirements. Further, the DDD and CFSP agencies will continue to cooperatively work together to fully implement the FSS training and certification program.

The DDD is in the process of implementing the following steps for the retraining of Provisionally Certified FSS; hiring personnel which meet full FSS Certification requirements, and notifying CFSP agencies and personnel of retraining and hiring steps.

(a) The DDD, with the assistance of the Family Support Service Advisory Council and CFSP agencies, will support the development and implementation of a self-paced FSS training curriculum designed to address the FSS competencies, including support coordination (see Component 8.3) for FSS full certification. The FSS training curriculum will be used for ongoing inservice training with existing and new Provisionally Certified FSSs in each CFSP agency. Hence, all FSS personnel will have access to the training curriculum. Even though the materials will be designed to be self-paced, personnel involved in the FSS training curriculum will be assisted by senior and/or supervisory FSS personnel and experts from outside the CFSP agency. In addition, the DDD's Training Resource and Information Center (TRIC) will include the purchase of new early intervention materials and develop a resource list of materials directly related to the FSS training curriculum. Further, the FSS training curriculum will be augmented by direct training (e.g., workshops and seminars) and supervised implementation of new skills. The DDD will also support the CFSP agencies in providing opportunities for Provisionally Certified FSS personnel to participate in the training curriculum and other educational activities related to FSS competencies. (NOTE: The CLASS Project is designed to develop the self-paced curriculum and develop an on-going in-service training program in each CFSP agency. This Project started October 1, 1991 and is supported through a three-year U.S. Department of Education grant.)

Timeline: Training will be ongoing.

(b) Through the participatory planning process outlined in the CSPD-H (see Component 8), the DDD and Family Support Advisory Council will support, coordinate, and provide planning information for a variety of inservice training opportunities for FSS and other early intervention personnel. During the next two years, the DDD will strongly support the development of inservice training opportunities which directly address the specific FSS full certification requirements. Addressing the FSS certification competencies will be given the highest inservice training priority for early intervention service personnel by the DDD. Three primary training opportunities for addressing FSS competencies are the Montana Conference on

Developmental Disabilities, Early Intervention Summer Institute, and Montana Special Education Conference.

Timeline: Ongoing during the two-year time period.

(c) The DDD and Family Support Service Advisory Council will advocate that the provision of training opportunities related to the FSS certification competencies be provided through Montana's colleges and universities. These training opportunities should not only address traditional preservice personnel development but also the provision of training related to FSS certification competencies which could be made available to FSS who are currently employed. Further, nontraditional strategies for long-distance education will be advocated for individuals in rural-remote areas of the state. The DDD and the Family Support Service Advisory Council's CSPD-H committee will be responsible for working with appropriate human service and education departments at Montana colleges and universities, especially the Special Education Department at Eastern Montana College and the Early Intervention Specialty Program at the University of Montana. Further, the DDD and Family Support Service Advisory Council will support the development of new inservice and preservice early intervention personnel development programs.

Timeline: Ongoing during the two-year time period.

(d) The DDD and CFSP agencies will develop procedures for tracking individuals through the FSS certification process and providing assurance that provisionally-certified FSS personnel meet the full FSS certification by the two-year time period. These procedures and assurances are included in the contracts between the DDD and CFSP agencies (see Component 15).

Timeline: Implementation of the tracking system is ongoing.

(e) The DDD, through meetings and in writing, has informed the CFSP agencies of the certification requirements for early intervention personnel and specifically, FSS personnel. Only CFSP agencies employ FSS personnel. Each CFSP agency has

informed their FSS personnel regarding the FSS certification requirements and procedures, including opportunities for training. (Note that the CFSP agencies have been involved in the development of the FSS certification requirements and process since the initial discussions regarding certification for early intervention personnel.)

Timeline: Initial notification to CFSP agencies and FSS personnel has been completed and certification requirements are part of the Part H service contracts between the DDD and CFSP agencies.

9.2.7 The Family Support Specialist Assistant (FSSA) certification process is new for Montana's Part H service system. The FSSA works under the direct supervision of a Family Support Specialist (FSS) to perform a variety of early intervention activities and services. The FSSA responsibilities relate to child assessment, family information gathering, IFSP planning, support coordination, and procedural safeguards. When the FSSA is providing direct services to children and families, she/he will receive direct, systematic supervision of the services through weekly (minimum requirement) instruction, review and feedback from the FSS. Direct supervision by the FSS will include: periodic observation; review of notes, worksheets, program plans, records and documents; problem-solving activities; and regular discussion in person with the FSSA. The FSSA will perform independent home visits only after extensive program experience and training preparation, and only with frequent and direct supervision.

FSSA personnel may come from a variety of cultural, experiential, and educational backgrounds. The minimum educational requirement for the FSSA is a completed high school education (diploma) or equivalent. The FSSA should bring particular cultural background and experience representing the languages and cultures of the families served. Additionally, FSSA's who are parents (particularly parents who have young children with disabilities or delays) may also bring a unique family perspective to the Part H CFSP agency.

The FSSA certification process involves two steps: first, the issuance of Provisional FSSA Certification for a time period not greater than two years, and second, a competency-based assessment process for issuance of FSSA Certification (see Components 9.1.5 and 9.2.5). The DDD will require CFSP agencies which

employ FSSA early intervention personnel to assure that all Provisionally Certified FSSAs meet the FSSA Certification requirements within a two-year time period from their employment. The personnel affected by the FSSA certification requirements are all employed by CFSP agencies. There are seven CFSP agencies which contract with the DDD to provide state-wide Part H early intervention services. The CFSP agencies are involved in the development of the FSSA Certification requirements (e.g., FSSA competencies) and processes (see Component 8.3). Hence, these retraining and hiring steps have been established with the assistance of the agencies and personnel required to comply with the FSSA Certification requirements. Further, the DDD and CFSP agencies will continue to cooperatively work together to fully implement the FSSA training and certification program. Whenever appropriate, FSSA and FSS training will be combined.

The DDD is in the process of implementing the following steps for the retraining of Provisionally Certified FSSAs; hiring personnel which meet FSSA Certification requirements, and notifying CFSP agencies and personnel of retraining and hiring steps.

(a) The DDD, with the assistance of the Family Support Service Advisory Council and CFSP agencies, will support the development and implementation of a self-paced FSSA training curriculum designed to address the FSSA competencies, including support coordination (see Component 8.3) for FSSA certification. The FSSA training curriculum will be used for ongoing inservice training with existing and new Provisionally Certified FSSA in each CFSP agency. Hence, all FSSA personnel will have access to the training curriculum. Even though the materials will be designed to be self-paced, personnel involved in the FSSA training curriculum will be assisted by senior and/or supervisory FSS personnel and experts from outside the CFSP agency. In addition, the DDD's Training Resource and Information Center (TRIC) will include the purchase of new early intervention materials and develop a resource list of materials directly related to the FSS training curriculum. Further, the FSSA training curriculum will be augmented by direct training (e.g., workshops) and supervised implementation of new skills. The DDD will also support the CFSP agencies in providing opportunities for Provisionally Certified FSSA personnel to participate in the training curriculum and other educational activities

related to FSS and FSSA competencies. (NOTE: The CLASS Project is designed to develop the self-paced curriculum and develop an on-going in-service training program in each CFSP agency. This Project started October 1, 1991 and is supported through a three-year U.S. Department of Education grant.)

Timeline: Development of some FSSA training materials will be based on materials developed for FSS training. Training will be ongoing.

(b) Through the participatory planning process outlined in the CSPD-H (see Component 8), the DDD and Family Support Advisory Council will support, coordinate, and provide planning information for a variety of inservice training opportunities for FSSA and other early intervention personnel. During the next two years, the DDD will strongly support the development of inservice training opportunities which directly address the specific FSSA certification requirements. Addressing the FSSA and FSS certification competencies will be given the highest inservice training priority for early intervention service personnel by the DDD. Three primary training opportunities for addressing FSSA competencies are the Montana Conference on Developmental Disabilities, Early Intervention Summer Institute, and Montana Special Education Conference.

Timeline: Ongoing during the two-year time period.

(c) The DDD and Family Support Service Advisory Council will advocate the provision of training opportunities related to the FSSA certification competencies be provided through Montana's junior colleges, colleges and universities, for example, Salish-Kootenai Community Tribal College in Pablo, Montana. These training opportunities should not only address traditional preservice personnel development but also the provision of training related to FSSA certification competencies which could be made available to FSSA who are currently employed. Further, nontraditional strategies for long-distance education will be advocated for individuals in rural-remote areas of the state. The DDD and the Family Support Service Advisory Council's CSPD-H committee will be responsible for working with appropriate human service and education departments at Montana junior colleges, colleges

and universities, especially the Special Education Department at Eastern Montana College and the Early Intervention Specialty Program at the University of Montana. Further, the DDD and Family Support Service Advisory Council will support the development of new inservice and preservice early intervention personnel development programs.

Timeline: Ongoing during the two-year time period.

(d) The DDD and CFSP agencies will develop procedures for tracking individuals through the FSSA certification process and providing assurance that provisionally-certified FSSA personnel meet the FSSA certification by the two-year time period. These procedures and assurances are included in the contracts between the DDD and CFSP agencies (see Component 15).

Timeline: Implementation of the tracking system is ongoing.

(e) The DDD, through meetings and in writing, has informed the CFSP agencies of the certification requirements for early intervention personnel and specifically, FSSA personnel. Only CFSP agencies employ FSSA personnel. (Note that the CFSP agencies are involved in the development of the FSSA certification requirements and process.

Timeline: Initial notification to CFSP agencies has been completed and certification requirements are part of the Part H service contracts between the DDD and CFSP agencies.

10. PROCEDURAL SAFEGUARDS

10.1 The DDD's General Responsibilities for Procedural Safeguards (303.400)

10.1.1 The DDD assures the provision of Part H services shall comply with the procedural safeguards established in accordance to Component 10, including:

(a) Definitions of consent, native language, and personally identifiable information;

(b) Parent opportunity to examine records;

(c) Parent prior notice in native language;

(d) Parent consent;

(e) Surrogate parent guidelines;

(f) Impartial procedures for resolving individual child complaints; and

(g) Confidentiality.

10.1.2 The DDD is responsible for ensuring that the requirements of Component 10 are implemented by all State agencies and CFSP agencies providing Part H services. In accordance to the requirements of Component 10, procedural safeguards are included in the contractual document with each CFSP agency (see Component 15) and in the interagency agreements with State agencies (see Component 14).

10.2 Definitions of Consent, Native Language, and Personally Identifiable Information (303.401)

10.2.1 Parent consent means that:

(a) The parent has been fully informed of all information relevant to the activity for which consent is sought (see Component 10.5) in the parent's native language or other mode of communication.

(b) The parent understands and agrees in writing to the carrying out of the activity(s) and services for which consent is sought and/or to only specific activity (s) or services. The consent describes the activity(s) and, as appropriate, lists the records that will be released and to whom.

(c) The parent understands that their granting of consent is voluntary on their part and that they may revoke the consent at any time.

(d) The parent of an eligible child under Part H may determine whether they, their child, or other family members will accept or decline any Part H early intervention services without jeopardizing other Part H early intervention services they approve/accept.

10.2.2 The term "native language," when used with reference to persons of limited English proficiency, means the language or mode of communication (e.g., sign language for someone with a hearing impairment) normally used by

the parent of a child eligible for Part H services (see Component 10.4).

10.2.3 The term "personally identifiable" means that information which contains:

(a) The name of the child, the child's parent, or other family member;

(b) The address of the child;

(c) A personal identifier, such as the child's or parent's social security number; or

(d) A list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.

10.3 Parent Opportunity to Examine Records (303.402)

In accordance with the confidentiality procedures in the Part B of the Act regulations (300.128 and 300.560 through 300.576) (see Appendix O), the parents of a child eligible for Part H services must be afforded the opportunity to examine, inspect and review records relating to evaluations, assessments, eligibility determination, IFSP development and implementation, individual complaints dealing with the child, and any other area involving records about the child and the child's family.

10.4 Parent Prior Notice and Native Language (303.403)

10.4.1 The parents of a child who is eligible for Part H services, must be given written prior notice a reasonable time before the DDD, the CFSP agency, or other Part H service provider/agency:

(a) Proposes or refuses to initiate or change the identification (eligibility type), evaluation, (see Components 6.2.1, 6.3.1, 6.3.3) or part H service placement of the child; or

(b) The provision of appropriate Part H early intervention services to the child or child's family (see Component 7).

10.4.2 The content of a parent notice must be in sufficient detail to inform the parents about:

(a) The action(s) being proposed or refused;

(b) The reasons for taking the action(s); and

(c) All procedural safeguards that are available under Part H.

10.4.3 The parent notice in native language includes the following methods.

(a) Written parent notice in native language must be:

(1) In language understandable to the general public; and

(2) Provided in the native language of the parents, unless it is clearly not feasible to do so.

(b) If the native language or other mode of communication of the parent is not a written language, the following steps are employed:

(1) The notice is translated orally or by other means to the parent in the parent's native language or other mode of communication;

(2) The parent understands the notice; and

(3) There is written evidence that the requirements of Component 10.4.2[b] have been met.

(c) If the parent is deaf or blind, or has no written language, the mode of communication must be the one which is normally used by the parent (such as sign language, braille, or oral communication).

10.5 Parent Consent (303.404)

10.5.1 Written parent consent must be obtained before:

(a) Conducting the initial evaluation (see Components 6.2.1, 6.3.1), child assessment (see Components 6.2.2, 6.3.2), and family information gathering (see Components 6.2.2, 6.4) (303.322); and

(b) Initiating the provision of Part H early intervention services for the first time (i.e., at the time the first IFSP is developed), or any time a change in service is being considered [see Component 7]).

(c) Exchange of personally identifiable confidential information (see Components 1, 5, 6, 7, 10.8).

10.5.2 If the parent does not give consent, the DDD and/or CFSP agency shall make reasonable efforts to ensure that the parent:

(a) Is fully aware of the nature of the evaluation, assessment, family information gathering, or services that would be available with parent consent (see Components 5.2, 5.2.3); and

(b) Understands that the child will not be able to receive the evaluation, assessment, or services unless consent is given.

10.5.3 The parent has the right to decline service. The FSS must obtain parental consent prior to the provision of supports and services for the child, parent(s), or other family members (see Component 7, 303.405).

(a) The FSS must fully explain the contents of the IFSP to the parents.

(b) The FSS must obtain informed written consent from the parents prior to the provision of IFSP supports and services.

(c) If the parents do not provide such consent with respect to a particular IFSP support or service, then the IFSP supports and services to which such consent is obtained shall be provided.

10.5.4 Montana's Part H service plan must also comply to the Montana OPI's Part B (the Act) plan in the following areas:

(a) Confidentiality requirements regarding personally identifiable information (300.571) and privacy rights of parents and students (34 CFR Part 99); and

(b) Procedures for the public agency to initiate due process hearing (300.506 through 300.508) or use other procedures (300.504) to override a parent's refusal to consent to the initial evaluation of the parent's child.

10.6 Surrogate Parents (303.405)

10.6.1 The DDD shall ensure that the rights of children eligible for Part H services are protected if:

(a) No parent (see Component 7.1.6 and definitions section) can be identified;

(b) The DDD, appropriate State agency, and/or the CFSP agency, as appropriate, can not discover the whereabouts of a parent after engaging in reasonable efforts; or

(c) The child is a ward of the State under Montana law.

10.6.2 The DDD or other State agency, as appropriate, must assign an individual to act as a surrogate parent for any child who meets the criteria of Component 10.6.1 according to methods which include:

(a) Determining whether a child needs a surrogate parent, including the steps listed below.

Any person may advise the DDD of an infant or toddler who may be eligible for Part H services and in need of a surrogate parent. According to the criteria listed in Component 10.6.1, the DDD will determine if the infant or toddler is in need of a surrogate parent. If the infant or toddler is in need of a surrogate parent, the DDD will determine which State agency has the appropriate authority to appoint a surrogate parent, given the specific circumstances for each child. The DDD will inform the appropriate CFSP agency of their decision. The DDD will complete these steps within five working days from the date on which the DDD learned of the presence of the infant or toddler.

(b) Assigning a surrogate parent to the child, including the steps listed below.

If an infant or toddler is in need of a surrogate parent, the DDD or other State agency, as appropriate, will select an individual to serve as the infant's or toddler's surrogate parent in any way permitted by Montana law and in accordance to the criteria in Components 10.6.3 and 10.6.4. The nomination of an individual as a surrogate parent will be completed within 10 working days of the determination that the infant or toddler is in need of a surrogate parent. The appropriate CFSP, and the DDD, if another State agency was responsible for the nomination of a surrogate parent, will be provided the name, address and telephone number of the surrogate parent.

10.6.3 Criteria for selecting surrogate parents will be completed by the DDD or appropriate State agency in any

way permitted by Montana law. The DDD or other State agency shall ensure that an individual selected as a surrogate parent meets the following criteria:

(a) The individual has no interest that conflicts with the interests of the child he or she represents;

(b) Has knowledge and skills that ensure adequate representation of the child; and

(c) Lives in close proximity to the residence of the infant or toddler he or she represents.

10.6.4 The DDD or other appropriate State agency will not select an individual as a surrogate parent who is:

(a) An employee of DDD, a CFSP agency, or State or private agency which provides services to the infant or toddler in need of a surrogate parent; however

(b) An individual who otherwise qualifies to be a surrogate parent under Components 10.6.3 and 10.6.4 is not an employee solely because he or she is paid by a public agency to serve as a surrogate parent; and

(c) A foster parent who otherwise qualifies to be a surrogate parent under Components 10.6.3 and 10.6.4, is not considered an employee because he or she is paid by a public agency to serve as a foster parent.

10.6.5 The responsibilities of a surrogate parent include representing the best interests of an infant or toddler in all matters related to:

(a) The evaluation and assessment of the infant or toddler;

(b) Development and implementation of the child's IFSP, including semi-annual evaluations and periodic reviews;

(c) The ongoing provision of Part H early intervention services to the infant or toddler; and

(d) Any other rights established in Part H.

10.7 Impartial Procedures for Resolving Individual Child Complaints (303.420 through 303.425)

10.7.1 The Department of Social and Rehabilitation Service's (SRS) Director is responsible for implementing written, impartial administrative procedures for the timely resolution of individual child complaints by parents concerning any matters in Component 10.4.1 (303.403[a]) (see Impartial Procedures for Resolving Individual Child Complaints Regarding Part H Services in Appendix P).

(a) The Part H impartial procedures include the requirements specified in Components 10.7.2 through 10.7.6 (303.421 through 303.425); and

(b) The Part H impartial procedures provide parents a means of filing a complaint regarding Part H services with the Director of SRS.

(NOTE: The impartial procedures for Part H services are based on Montana's Office of Public Instruction's Rules concerning special education due process which are designed to meet 34 CFR 300.506 through 300.512, but were modified to reflect appropriate procedures of the SRS/DDD and meet the specific requirements, such as timelines, of Part H rules and regulations 303.421 through 303.425.)

(NOTE: The impartial procedures for Part H services are designed to provide fair and timely resolution of the complaint through optional informal proceedings at the CFSP agency level, including mediation. These informal procedures are also designed to result in a speedy resolution of differences between parents and agencies, without the development of an adversarial relationship and with minimal stress to parents. Parents may choose not to use the informal mediation process.)

10.7.2 The Director of SRS will appoint an impartial person to implement the Part H impartial procedures for complaint resolution in accordance to the criteria in Component 10.7.2 and steps outlined in the Part H impartial procedures (see Appendix P).

(a) The qualifications of an impartial person for mediation and/or impartial due process hearings include that the person must:

(1) Have knowledge about the provisions of Part H early intervention services and the needs of and services available for infants and

toddlers with disabilities who are eligible for Part H services and their families; and

(2) Perform the following duties:

Listen to the presentation of relevant viewpoints about the complaint, examine all information relevant to the issues, and seek to reach a timely resolution of the complaint; and

Provide a record of the proceedings, including a written decision.

(b) As used in Component 10, "impartial" means that the person appointed to implement the Part H complaint resolution process meets the following criteria:

(1) The person is not an employee of any agency or program involved in the provision of Part H services or care of the infant or toddler; and

(2) The person does not have a personal or professional interest that would conflict with his or her objectivity in implementing the impartial process.

(c) A person who otherwise qualifies under the Component of 10.7.2, is not an employee of an agency solely because he or she is paid by the agency to implement the complaint resolution process.

10.7.3 The DDD assures the parent rights during Part H impartial administrative proceedings afforded in the rights identified in Component 10.7.3 and during the procedures identified in Component 10.7 (303.420) (see Appendix P).

Any parent involved in a Part H impartial administrative proceeding has the right to:

(a) Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to early intervention services for infants and toddlers who are eligible for Part H services;

(b) Present evidence and confront, cross-examine, and compel the attendance of witnesses;

(c) Prohibit the introduction of any evidence at the proceeding that has not been disclosed to the parent at least five days before the proceeding;

(d) Obtain written or electronic verbatim transcription of the proceeding; and

(e) Obtain written findings of fact and decisions.

10.7.4 The Part H administrative impartial proceedings must be reasonably convenient to the parents within the timelines described in paragraph (b) of Component 10.7.4 (303.423) and specified in Appendix P.

(a) Any proceeding for implementing the complaint resolution process in Component 10.7 must be carried out at a time and place that is reasonably convenient to the parents.

(b) The DDD ensures that no later than 30 days after the receipt of a parent's complaint, the impartial proceeding required in Component 10.7 is completed and a written decision mailed to each of the parties, unless otherwise agreed to by the parties according to the procedures described in Section XVII in Appendix P.

10.7.5 Any party aggrieved by the findings and decision regarding a Part H administrative complaint may appeal to a district court or may bring a civil action under 20 U.S.C. 1480[1], section 680[1] of the Act (303.424).

10.7.6 The status of the child during a Part H impartial administrative proceeding will be determined by the appropriate criteria listed below (303.425):

(a) Unless the public agency, CFSP agency, and parents of the infant or toddler otherwise agree, the child must continue to receive the appropriate Part H services listed in the child's IFSP which are currently being provided.

(b) If the complaint involves an application for initial Part H services, the infant or toddler must receive those services that are not in dispute.

10.8 Confidentiality of Information (303.460)

10.8.1 The DDD is responsible for implementing and monitoring policies and procedures which ensure the protection and confidentiality of individual child and family information collected, used, or maintained under Part

H services in accordance to the Family Education and Privacy Act of 1974 and 300.560 through 300.576. These policies and procedures include the right of parents or guardians to written notice of and written consent to the exchange of this information consistent with Federal and State law. The DDD's policies and procedures are based on Montana's Office of Public Instruction's confidentiality requirements for Part B services with the following modifications:

(a) Reference to "State Education Agency (SEA) means lead agency;

(b) Reference to "education of all children with disabilities" or "provision of free appropriate public education to all children with disabilities" means provision of services to eligible children and families;

(c) Reference to "Local Education Agencies" (LEAs) and "intermediate education units" means local service providers;

(d) Reference to 300.128 (Identification, Location and Evaluation of children with disabilities) means 303.164 and .321 (Comprehensive Child Find System);

(e) Reference to 300.129 (Confidentiality of Personally Identifiable Information) means 303.460 (Confidentiality of Information);

(f) "Destruction" means physical destruction or removal of personal identification from information;

(g) "Education Records" means the records covered by FERPA; and

(h) "Participating agency" means any agency or institution which collects, maintains, or uses personally identifiable information or from which information is obtained.

10.8.2 The DDD ensures that notice of full information regarding confidentiality of individual child information is provided to parents of infants and toddlers who are or may be eligible for Part H services (300.561).

(a) The DDD, through cooperative efforts with the Office of Public Instruction and in accordance to Components 2, 4, and 5 of Part H services, will

provide annual and ongoing public notice which is designed to fully inform parents about child find activities in Montana and the requirements of Component 10.8 (303.164 and 303.321). The notice must include:

(1) a description of the extent to which the notice is given in the native languages of the various population groups in the state;

(2) a description of children on whom personally identifiable information is maintained;

(3) the types of information sought;

(4) a description of the methods and sources to be used in gathering the information;

(5) the uses to be made of the information;

(6) a summary of the policies and procedures to be followed regarding the storage, disclosure to any interested third parties, retention, and destruction of personally identifiable information; and

(7) a description of all of the applicable state and federal rights of parents and children regarding this information, including FERPA rights.

(b) Before any major project identification, location, or evaluation (child find) activity is conducted, notice must be published or announced in newspapers or other media with circulation adequate to notify parents throughout the state of the activity.

10.8.3 Parent Rights to Access Information (300.562)

(a) The DDD and CFSP agencies shall permit parents to inspect and review any Part H service records relating to their child which are collected, maintained, or used by the DDD or CFSP agencies in Part H services. The agency must comply with a request without unnecessary delay, and prior to holding an IFSP meeting or hearing related to the identification, evaluation or placement of the child, and in no case more than 45 days after the request has been made.

(b) The right to inspect and review education records in accordance to Component 10.8 include:

(1) The right to a response from the appropriate agency to reasonable requests for explanations and interpretations of the records;

(2) The right to request that the agency provide copies of the records containing the information if failure to provide those copies would effectively prevent the parent from exercising the right to inspect and review the records; and

(3) The right to have a representative of the parent inspect and review the records.

(c) The DDD and CFSP agency will presume that the parent has authority to inspect and review records relating to his or her child unless either agency has been advised that the parent does not have the authority under applicable Montana law governing such matters as guardianship, separation, and divorce.

10.8.4 The DDD and CFSP agencies shall maintain a record of parties obtaining access to individual Part H service records collected, maintained, or used for Part H services (except access by parents and authorized employees of the CFSP and the DDD agencies), including the name of the party requesting access, the date access was given, and the purpose for which the party was authorized to use the records (300.563).

10.8.5 When records contain the name of more than one child (unless the other child is a member of infant's or toddler's family), the parent requesting access shall have the right to inspect and review only the information relating to their infant and toddler or to be informed of that specific information (300.564).

10.8.6 The DDD and CFSP agencies shall provide parents, on request, a list of the types and locations of Part H service records collected, maintained, or used for Part H by the agencies (300.565).

10.8.7 The DDD or CFSP agency may charge a fee, based on reasonable copying, mailing, and employee time expenses, for copies of records which are made for parents under Component 10.8 and Part H, if the fee does not effectively prevent the parents from exercising their right to inspect and review those

records (300.566). The fee can not include the employee time to search for or retrieve the requested record.

10.8.8 The following steps shall be followed when a parent requests that a record be amended (300.567):

(a) A parent who believes that the information in their infant's or toddler's Part H records collected, maintained, or used under Part H is inaccurate or misleading or violates the privacy or other rights of the child/family, may request the DDD and/or CFSP agency which maintains the information to amend the information.

(b) The agency maintaining the questioned information shall decide whether to amend the information in accordance with the request within fifteen working days of receipt of the request.

(c) If the agency maintaining the questioned record decides to refuse to amend the information in accordance with the request, it shall inform the parent of the refusal, and advise the parent of the right to a hearing under 300.568.

10.8.9 The DDD and CFSP agency shall, on request, provide an opportunity for a hearing to challenge information in the Part H service records to ensure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child/family (300.568).

10.8.10 As appropriate to the specific situation, the results of a hearing are guided by the following steps (300.569):

(a) If, as a result of the hearing, the appropriate agency (the DDD or CFSP) decides that the information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child/family, it shall amend the information accordingly and so inform the parent in writing.

(b) If, as a result of the hearing, the agency decides that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child/family, it shall inform the parent of the right to place in the Part H service records it maintains on the child/family, a statement commenting on the

information or setting forth any reasons for disagreeing with the decision of the agency.

(c) Any explanation placed in the individual Part H service records of the infant or toddler/family must:

(1) Be maintained with the record or contested portion of the record for as long as the record is maintained by the agency; and

(2) If the records of the child/family or contested portion is disclosed by the agency to any party, the explanation must also be disclosed to the party.

10.8.11 The hearing regarding contested records held under 300.568, must be conducted in accordance to the procedures in 99.22 of the Family Education Rights and Privacy Act (FERPA) (34 CFR Part 99).

10.8.12 The following procedures guide obtaining parent consent regarding personably identifiable information (303.571).

(a) Parental consent must be obtained before personably identifiable information is:

(1) Disclosed to anyone other than appropriate employees and officials of participating agencies collecting or using the information under Part H services subject to Component 10.8.12[b]; or

(2) Used for any purpose other than meeting the requirements under Part H.

(b) The DDD may not release information from Part H service records to participating State or other agencies without parental consent unless authorized to do so under FERPA, (99.31).

(c) If a parent refuses to provide consent under Component 10.8, the DDD or CFSP agency may employee the impartial hearing procedures under Component 10.7.

10.8.13 The DDD and CFSP agencies shall employ safeguards to protect Part H service records (300.572), including:

(a) Each agency shall protect the confidentiality of personally identifiable information at

collection, storage, disclosure, and destruction stages;

(b) An identified official(s) at each participating agency shall assume responsibility for ensuring the confidentiality of any personally identifiable information;

(c) All persons collecting or using personally identifiable information must receive training or instruction regarding the State's policies and procedures under 300.129 or Subpart B and 34 CFR 99; and

(d) The DDD and CFSP agencies shall maintain, for public inspection, separate listings for each agency of the names and positions of those employees within the agency who may have access to personally identifiable information.

10.8.14 The disposition of Part H personally identifiable records after the child has stopped receiving any CFSP agency service for five years (300.573) (see Component 10.8.2), includes:

(a) The CFSP agency shall inform parents when personally identifiable information collected, maintained, or used under Part H services has been retained for the five-year time period after leaving CFSP services, and is no longer needed to provide services.

(b) The CFSP agency, according to the parents' wishes, either makes the records available to the parents or destroys the records. (The agency shall remind the parents that the records may be needed by the child or the parents for social security benefits or other purposes) However, a permanent record of the child's name, address and phone number may be maintained without time limitation.

10.8.15 The DDD and CFSP agencies will ensure the protection of the privacy rights of the child afforded under Part H and Montana law (300.574).

10.8.16 The DDD will enforce the policies and procedures of Part H with each CFSP agency through contractual arrangements which reference applicable Part H policies and procedures, reporting requirements, and monitoring procedures (see Component 15) (300.575). The DDD monitoring procedures outline the frequency of monitoring, the steps of the monitoring process, and

actions which may result, including sanctions due to non-compliance, from program monitoring.

10.8.17 If the DDD or its authorized representatives collect any personally identifiable information regarding children with disabilities which is not subject to 5 U.S.C. 552a (The Privacy Act of 1974), the Agency Director, (Secretary) shall apply the requirements of the Statute (5 U.S.C. 522a), and the regulations implementing those provisions.

11. SUPERVISION AND MONITORING OF PROGRAMS

11.1 General: Assurance for 303.501(a)

The DDD is responsible for the general administration, supervision, and monitoring of programs and activities used by Montana to carry out Part H, whether or not such programs are receiving assistance under Part H, to ensure compliance with the Part H regulations. This authority has been established in Montana Law: 53-20-205 MCA.

11.2 Methods of Administering the Program (303.501[b])

11.2.1 The agency has adopted and will use proper methods of administering the Part H program within the state including:

(a) Monitoring of agencies, institutions, and organizations receiving assistance under Part H;

(b) Joint monitoring of agencies, institutions, and organizations used by the State to carry out Part H, but not receiving assistance under Part H (See formal Interagency Agreements, Appendix Q.)

(c) Enforcement of any obligations imposed on those agencies under Part H of the Act and the accompanying regulations;

(d) Providing technical assistance, if necessary, to those agencies, institutions and organizations; and

(e) Correction of deficiencies that are identified through monitoring.

11.2.2 The Developmental Disabilities Division contracts with private corporations governed by local boards of directors to provide early intervention services to families and their children who meet Montana's Part H definition of developmental delay.

11.2.3 Any qualified service provider may submit a competitive bid to provide services according to the Developmental Disabilities Division's published criteria. Contracts are written for a period of two years.

11.2.4 Contracts define the services to be purchased, stipulate the number of units of service to be delivered, establish performance requirements, and set the amount and source of compensation that the provider will be reimbursed. Contracts commit the DDD to providing training and technical assistance as mutually agreed upon by the parties.

11.2.5 Monitoring Policies and Procedures include Quarterly Child and Family Service Provider Progress Reports relating to performance requirements. Additionally, the DDD conducts program compliance reviews at least annually. An annual review includes an on-site examination of the contractor's services, program management, consumer satisfaction, and financial records. The DDD provides a written summary of all findings and recommendations within fifteen (15) days. In the event the review indicates contractor noncompliance with the terms and conditions of the contract (including all requirements under Part H) the contractor must submit, within thirty (30) calendar days of receipt, a written corrective action plan detailing actions and timelines for correcting the deficiencies. The DDD must respond in writing within fifteen (15) days of accepting or rejecting the corrective action plan and establishes a date to evaluate progress of the plan.

11.2.6 Contractors are required to maintain an accounting system conforming to Generally Accepted Accounting Principles which can be audited. Funds for each program of service are accounted for separately and financial reports are submitted to the DDD semi-annually.

11.2.7 Corporations must comply with State licensing requirements, and if applicable, standards of The Accreditation Council on Services for People with Developmental Disabilities (ACDD), State and Federal regulations, as well as the Department's administrative rules and DDD policies.

11.2.8 If not disposed of by negotiation and agreement, disputes relating to the contract are to be heard by a hearings officer from the Attorney General's Agency Legal Services Bureau. After a full hearing, the hearings officer submits a proposed decision to the department director for a final decision. Further appeal is through the judicial process.

12. LEAD AGENCY PROCEDURES FOR RESOLVING COMPLAINTS

12.1 Complaint Procedures (303.510)

The DDD has adopted written procedures for:

(a) Receiving and resolving any written complaint that one or more requirements of Part H are not being met; and

(b) Conducting an independent on-site investigation of the allegations contained in a written complaint, if the lead agency determines that an on-site investigation is necessary.

12.2 Individuals or Organizations May File a Complaint

An individual or organization may file a written, signed complaint with the lead agency. The complaint must include:

12.2.1 A statement that the State of Montana has violated a requirement of Part H of the Act or the accompanying regulations; and

12.2.2 The specific facts on which the complaint is based.

12.3 Minimum Complaint Procedures

The DDD has established complaint procedures which include:

12.3.1 A time limit of 60 days after receiving the complaint to carry out an independent on-site investigation, if necessary, and resolve the complaint;

12.3.2 Grant an extension of the 60-day time limit only if exceptional circumstances exist with respect to the complaint; and

12.3.3 The right for the complainant to request the U.S. Secretary of Education to review the final decision of the lead agency, if the complainant wishes to appeal the lead agency's decision.

13. POLICIES AND PROCEDURES RELATED TO FINANCIAL MATTERS

13.1 Assurances Regarding Funding Policies (303.520 and 303.521)

13.1.1 The DDD is responsible for establishing policies related to how services to eligible children and their families

will be paid for under Part H. The policies established are:

(a) Consistent with the specific funding policies in 303.520(b); and

(b) are reflected in Interagency Agreements.

13.1.2 Fees are not charged for services that a child is otherwise entitled to receive at no cost to parents;

13.1.3 The inability of the parents of an eligible child to pay for services will not result in the denial of services to the child or the child's family;

13.1.4 Procedural safeguards are in place to ensure the timely provision of services to eligible children and their families.

13.1.5 The following functions will be carried out at public expense and without fees being charged to parents:

(a) Implementing the child find requirements in 303.321;

(b) Evaluation and assessment, as included in 303.322, and including the functions related to evaluation and assessment in 303.12;

(c) Support coordination (service coordination/case management), as included in 303.6 and 303.344(g); and

(d) Administrative and coordinating activities related to the development, review, and evaluation of IFSPs in 303.340 through 303.346 and the implementation of the procedural safeguards and all components of early intervention services.

13.2 Services at No Cost to Parents

Current Montana Law does not provide for a system of payments and schedule of sliding fees for services provided under Part H. Therefore, all early intervention services included in 303.12(d) which are also included in the family's IFSP shall be provided at no cost to parents.

13.3 Assurance Regarding Identification and Coordination of Resources (303.522)

The DDD assures that it is responsible for:

13.3.1 The identification and coordination of all available resources for early intervention services within Montana, including those from federal, state, local, and private sources; and

13.3.2 Updating the information on the funding sources in paragraph (1) above, if legislative or policy change is made under any of those sources.

13.4 Information about all funding resources for Early Intervention Services in Montana

A variety of state, federal, local, and private funding sources provide revenue for EIS including:

State General Fund;
Social Services Block Grant Funds;
Low Income Emergency Assistance Program;
Chapter I Education Funds;
Medicaid Waiver Funds;
Medicaid;
Early Periodic Screening Diagnosis and Treatment Program;
Private Insurance;
Parts B and H of the IDEA;
Maternal and Child Health Block Grant Funds;
Head Start Funds;
Developmentally Disabled Assistance and Bill of Rights Funds; and
Other federal, state, local and private funding sources.

13.5 Timely Delivery of Services (303.525)

13.5.1 The DDD has developed the following procedures to ensure that services are provided to eligible children and their families in a timely manner, pending the resolution of disputes among agencies or service providers.

13.5.2 During the pendency of disputes regarding the payment or costs for services the DDD, as the entity responsible for assigning financial responsibility will, depending on the nature of the dispute, assign financial responsibility to an agency or pay for the service using Part H funds, in accordance with the payor of last resort provisions in 303.527.

13.5.3 If necessary to prevent a delay in the timely provision of services to an eligible child or child's family, Part H funds may be used to pay the provider of services,

pending reimbursement from the agency or entity found to have ultimate responsibility for the payment.

13.5.4 Payments may be made for early intervention services and eligible health services as described in Appendix A and other functions and services authorized under Part H.

13.5.5 If, in resolving the dispute, the DDD determines that the assignment of financial responsibility was inappropriately made, the DDD will reassign the responsibility to the appropriate agency and make arrangements for reimbursement of any expenditures incurred by the agency originally assigned responsibility.

13.5.6 To the extent necessary to ensure compliance with the action taken in Component 13.5.4, the DDD will refer any dispute to the Early Intervention Oversight Committee (EIOC) made up of the directors of the Department of Social and Rehabilitation Services, the Department of Health and Environmental Sciences, the Department of Corrections and Human Services, the Department of Family Services, and the Superintendent of Public Instruction from the Office of Public Instruction for a final determination that is binding on the agencies involved.

13.6 Payor of Last Resort (303.527)

13.6.1 Except as provided in 13.5.3 above, funds under Part H may not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source but for the enactment of Part H of the Act. Funds under Part H may be used only for early intervention services that an eligible child needs but is not currently entitled to under any other Federal, State, local, or private source.

13.6.2 Interim payments/reimbursement as described in 13.5.3, may be made for:

(a) Early intervention services as described in 303.12;

(b) Eligible health services in (303.13); and

(c) Other functions and services authorized under Part H, including child find, and evaluation and assessment.

13.6.3 Nothing in Part H may be construed to permit a State to reduce medical or other assistance available or to alter eligibility under Title V of the Social Security Act (SSA) (relating to maternal and child health) or Title

XIX of the SSA (relating to Medicaid for children eligible under Part H) within the state.

13.7 Reimbursement Procedure (303.528)

In circumstances where Part H funds are used for interim payments to a provider of services pending the resolution of a dispute, the agency or entity found to have ultimate responsibility for the payment will have 30 days from the date of the final resolution of the dispute to reimburse Part H funds to the lead agency.

14. INTERAGENCY AGREEMENTS AND RESOLUTION OF DISPUTES

14.1 Assurance Regarding Interagency Agreements (303.523)

The DDD assures that it has entered into formal interagency agreements with the other state-level agencies involved in Montana's early intervention program. The agreements define the financial responsibility of each agency for paying for early intervention services. The agreements include procedures for timely resolution of intra- and interagency disputes about payments or other aspects of early intervention services. The agreements permit agencies to resolve internal disputes in a timely manner, based on the agency procedures included in the agreement and include the process which DDD will follow in achieving resolution of intra-agency disputes if the agency is unable to resolve its own disputes. Additionally, the agreements include additional components necessary to ensure effective cooperation and coordination along all agencies involved in early intervention services.

14.2 Agencies

The agencies involved in Montana's early intervention program include:

The Department of Social and Rehabilitation Services;

The Office of Public Instruction;

The Department of Health and Environmental Sciences;

The Department of Corrections and Human Services; and

The Department of Family Services.

14.3 Agreements

Appendix Q contains copies of the formal interagency agreements developed for the implementation of Part H in Montana.

14.4 Resolution of Disputes (303.524)

14.4.1 The DDD is responsible for resolving individual disputes about payments for a given service or disputes about other matters related to the State's early intervention program, in accordance with the procedures in 303.523(c) of the Part H regulations.

14.4.2 In the case of intra-agency disputes, the matter shall be resolved using the agency's internal procedures, so long as the agency acts within ten working days to resolve the matter.

14.4.3 In the case that a given agency is unable to resolve its own internal disputes in a timely manner, the lead agency shall, within five working days, refer the matter to the EIOC (see Component 13.5.6) for administrative review. The EIOC shall, within five working days, render a final determination that is binding upon the agency involved.

14.4.4 In the case where two or more agencies are unable to resolve disputes within ten working days, the lead agency shall, within five working days, refer the matter to the EIOC (see Component 13.5.6) for administrative review. The EIOC shall, within five working days, render a final determination that is binding upon the agencies involved.

14.4.5 During the pendency of disputes regarding the payment or costs for services the DDD, as the agency assigned to designation of financial responsibility will, depending on the nature of the dispute, assign financial responsibility to an agency subject to the provisions of 303.524(b)(2) or pay for the services using Part H funds, in accordance with the payor of last resort provisions in 303.527.

14.4.6 If, in resolving the dispute, the DDD determines that the assignment of financial responsibility under 303.524(b)(2)(i) was inappropriately made, the DDD will reassign the responsibility to the appropriate agency and make arrangements for reimbursement of any expenditures incurred by the agency originally assigned responsibility as provided in 303.524 (b)(2)(ii).

14.4.7 In the event either party to the dispute is not satisfied with the resolution action taken by the lead agency, the DDD will:

(a) Refer the dispute to the Early Intervention Oversight Committee (see Component 13.5.6) for a final determination that is binding on the agencies involved; and

(b) Implement the procedures to ensure that services are provided to eligible children and their families in a timely manner, (see Component 13.5), pending the resolution of disputes among public agencies or service providers as required under 303.525.

14.4.8 In circumstances where Part H funds are used for interim payments to a provider of services pending the resolution of a dispute, the agency or entity found to have ultimate responsibility for the payment will have 30 days from the date of the final resolution of the dispute to reimburse Part H funds to the lead agency.

15. POLICY FOR CONTRACTING OR OTHERWISE ARRANGING FOR SERVICES

15.1 Assurance Regarding Contracting (303.526)

The DDD assures that the State of Montana has established a policy for contracting or making other arrangements with public or private service providers to provide early intervention services. The State's policy includes:

15.1.1 A requirement that all early intervention services must meet State standards and be consistent with the provisions of Part H;

15.1.2 The mechanisms that the DDD will use in arranging for these services, including the process by which awards or other arrangements are made; and

15.1.3 A description of the basic requirements or process that must be met by any individual or organization seeking to provide these services for the DDD.

15.2 Information Regarding the State's Contracting Procedures

15.2.1 The DDD contracts with private corporations governed by local boards of directors to provide early intervention services to families and their children who meet the Part H definition of developmental delay.

15.2.2 Any qualified service provider may submit a competitive bid to provide services according to the Developmental Disabilities Division's published criteria. Contracts are written for a period of two years.

15.2.3 Contracts define the services to be purchased, stipulate the number of units of service to be delivered, establish performance requirements, and set the amount and source of compensation that the provider will be reimbursed. Contracts commit the DDD to providing training and technical assistance as mutually agreed upon by the parties.

15.2.4 Quarterly Progress Reports relating to performance requirements are required and the DDD conducts program compliance reviews at least annually. An annual review includes an on-site examination of the contractor's services, program management, consumer satisfaction, and financial records. The DDD provides a written summary of all findings and recommendations within fifteen (15) days. In the event the review indicates contractor noncompliance with the terms and conditions of the contract, the contractor must submit, within thirty (30) calendar days of receipt, a written corrective action plan detailing actions and timelines for correcting the deficiencies. The DDD must respond in writing within fifteen (15) days of accepting or rejecting the corrective action plan and establish a date to evaluate progress of the plan.

15.2.5 Contractors are required to maintain an accounting system conforming to Generally Accepted Accounting Principles which can be audited. Funds for each program of service are accounted for separately and financial reports are submitted to the DDD semi-annually.

15.2.6 Corporations must comply with State licensing requirements, and if applicable, standards of The Accreditation Council on Services for People with Developmental Disabilities (ACDD), State and Federal regulations, as well as the Department's administrative rules and DDD policies.

15.2.7 If not disposed of by negotiation and agreement, disputes relating to the contract are to be heard by a hearings officer from the Attorney General's Agency Legal Services Bureau. After a full hearing, the hearings officer submits a proposed decision to the department director for a final decision. Further appeal is through the judicial process.

15.3 Policies and Procedures for Contracting

Appendix R contains a copy of applicable state laws and department rules, as well as department policies and procedures governing the contracting process for obtaining early intervention services from public and private service providers.

16. DATA COLLECTION

16.1 Assurances Regarding Data Collection (303.540)

The DDD assures the following:

16.1.1 That it is responsible for establishing procedures in Montana used to compile data on the statewide system, including the collection of data from various agencies and service providers in the state;

16.1.2 That data will be reported as prescribed under section 676(b)(2) of the Act, including information required under section 618 of the Act; and

16.1.3 That data will be provided at the time and in the manner specified by the Secretary.

16.2 Information Regarding Data Collection

The DDD is utilizing a previously existing data system, the Montana Individual Information System (MIIS), as a starting point for meeting the data reporting requirements of Part H.

The MIIS is an automated data system designed to gather and summarize information about individuals and the services they receive or desire to receive through the developmental disabilities service system. MIIS began collecting statewide information in 1987. The primary sources of information are families of individuals with developmental disabilities, local non-profit service providers under contract with the DDD, Department of Family Services case managers, and Department of Social and Rehabilitation Services staff.

Two major categories of information are currently gathered. First, the services a person has received, is receiving, or desires to receive are tracked by date and location. Second, information which assesses the status, functional limitation (e.g., sensory, mobility, health), adaptive behavior skills, unsolved problem behaviors, service needs, social support, and leisure activities is gathered yearly on individuals either currently in or waiting for services. The Inventory for Client and Agency Planning (ICAP), (see Appendix S) is the primary assessment tool utilized by the system.

The primary purpose of MIIS is to aid in screening, program monitoring, managing, and planning services for individuals with developmental disabilities and their families. System information is also used for reporting, accounting, decision-making, and program evaluation.

The MIIS has been designed to be comparable to information systems in other State agencies providing services to similar populations. The system will assist in meeting the requirement to gather information from all agencies involved in the State's early intervention program.

Additionally, the CFSP agencies in Montana assist the DDD in meeting the data collection requirements of Part H. The agencies are required to submit timely data reports; the DDD is responsible for the summation of that data and its submission to the Secretary.

These efficient data collection systems will facilitate planning, forecasting, and the optimal use of resources for quality service delivery to all eligible children and their families in Montana.